



VA Puget Sound Health Care System, American Lake Division

Postdoctoral Residency Programs Brochure 2023 - 2024



Community Living Center
VA Puget Sound, American Lake

BRIEF OVERVIEW

Applications and Interviews

The application, interview notification, and interview/open house dates are all the same for all of our residency programs (Clinical, Geropsychology, Neuropsychology). ***The Neuropsychology program is not recruiting for the 2023-2024 training year.***

Important Dates

Please be mindful of the below dates in applying for our program. Note that we will notify applicants of their interview status no later than the listed date, though notification may be provided earlier.

Interviews most often occur on the Open House date listed, though are sometimes scheduled to occur before or after that date based interviewee/interviewer availability. Our Open House and all interviews will occur virtually.

	Application Due Date	Interview Notification Date	Interview/ Open House Date
Clinical Psychology Program (all three focus areas)	December 3, 2022	December 21, 2022	January 18, 2023
- PTSD Evidence-Based Psychotherapy Focus Area			
- PCMH Focus Area			
- Residential Treatment Focus Area			
Geropsychology Program	December 3, 2022	December 21, 2022	January 18, 2023
Neuropsychology Program	N/A	N/A	N/A

Offer Notification Dates:

- For the Clinical and Geropsychology programs, residency offers will be made following interviews and no later than the Common Hold Date per the 2023-2024 APPIC Selection Guidelines. More information on the APPIC selection guidelines (for both postdoctoral programs and postdoctoral applicants) can be found at: <https://www.appic.org/Postdocs/Postdoctoral-Selection-Guidelines/Postdoctoral-Selection-Guidelines>.

Anticipated 2023-2024 Training Year dates for the Clinical and Geropsychology Programs:

- August 14, 2023 – August 11, 2024

Application Procedures

Resident Recruitment and Selection

The procedures for resident recruitment and selection include development of residency Selection Committees for each residency program (i.e., Clinical Psychology, Geropsychology, and Clinical Neuropsychology) composed of American Lake psychologists who practice within the setting(s) where the residency training occurs, the Director of Training, and members of the Training Committee. The Selection Committees are responsible for careful review of applications to the residency programs. Each application

is reviewed by at least two raters for goodness-of-fit which is determined by strength in a variety of categories, including research skills, scholarly productivity, cultural competency, intervention experience with adults related to the specialty program and/or focus area (within the Clinical Program, assessment experience with adults related to the specialty and/or focus area of the residency, quantity and quality of supervision received, evidence of interpersonal and communication skills, academic rigor of the doctoral program, and overall aptitude and fit with the to which program and/or focus area they are applying.

We look for residents whose academic background, clinical experience and personal characteristics give them the knowledge and skills necessary to function well in our setting and within the specific postdoctoral program. At the same time, we look for residents whose professional goals are well suited to the experiences we offer such that our setting would provide them with a productive training experience.

All applications are initially reviewed for eligibility in the order that they are submitted. We notify all applicants on the status of their applications by the date noted above. The Selection Committee will invite applicants remaining under consideration for interview*. Because we anticipate the need for continued health and safety precautions during the upcoming recruitment season, we will not host on-site interviews but will make every effort to provide applicants with as much information about our setting, culture, and training resources as feasible. The final rank list for each residency program (and each Focus Area within the Clinical Psychology Program) is determined by a combined score of the application review mean score and interview mean score with the former being weighted more heavily than the latter.

**Applicants requiring any interview accommodation due to disability are asked to request such assistance at the time they receive notification of interview.*

Applications and Interviews

Onsite visits and onsite interviews are not expected for the 2023-2024 class due to COVID-19, as well as due to a desire to be equitable in opportunities available to applicants. More information about scheduling virtual interviews and opportunities to attend virtual presentations about our training program will be forthcoming. Required application materials must be submitted by the application due date noted above.

These include:

1. Graduate transcripts
2. Three Letters of Recommendation
 - a. Please ask three people to write a letter of recommendation in support of your application to our program who are knowledgeable of your competency in the following areas: Integration of Science and Practice, Individual and Cultural Diversity, Ethical and Legal Matters, Professional Attitudes/Values/Behaviors, Interpersonal Skills and Communication, Intervention, Assessment, Interprofessional and Consultation Skills, Teaching and Education, and your Knowledge of the Focus Area (in the Clinical Program) and/or Specialty Area (Geropsychology, Clinical Neuropsychology) relevant to your application. We encourage you to share with them the areas of competence upon which we are making our evaluations.
3. Curriculum Vita
4. Cover Letter
 - a. Please submit a cover letter detailing your interests in our program and goodness-of-fit across multiple domains:

- i. you fit the Focus Area (in the Clinical Program) and/or Specialty Area (Geropsychology Program, Clinical Neuropsychology Program) relevant to your application;
 - ii. the diverse worldview you would bring to our training community
 - iii. c) your preparation in the following competency domains - Integration of Science and Practice, Individual and Cultural Diversity, Ethical and Legal Matters, Interpersonal Relationships and Communication, Interprofessional and Consultation Skills, Teaching and Education, and Knowledge of the Focus Area (in the Clinical Program) and/or Specialty Area (Geropsychology, Clinical Neuropsychology); and
 - iv. your goals for postdoctoral residency training and how these relate to your career goals.
5. Work sample (required for Clinical Neuropsychology Program only)
 - a. Clinical Neuropsychology Specialty Program Work Sample: One de-identified (according to HIPPA standards) comprehensive assessment report, related to Clinical Neuropsychological assessment.
6. Follow AAPI online application procedures.

All application materials should be uploaded to the APPA CAS system:

<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>

Resident Eligibility

The following are requirements for selection to and initiation of residency training at all VA Psychology Training Programs:

- 1) Compliance with Eligibility Requirements for all VA Psychology Training Programs, available at: www.psychologytraining.va.gov/eligibility.asp (these will need to be verified via the TQCVL process prior to the start of residency, see: <https://www.va.gov/OAA/TQCVL.asp> for details)
- 2) Completion of an APA, CPA, and/or another VA recognized accrediting body (e.g., PCSAS) accredited doctoral program in clinical or counseling psychology
- 3) Completion of an APA or CPA accredited doctoral internship or any VA internship training program
- 4) U.S. Citizenship
- 5) Completion of our application materials

Note: All applicants who are U.S. citizens, required to register for the Selective Service, born after December 31, 1959, and who are not otherwise exempt, must show proof of Selective Service registration as part of their VA application. Acceptance of residents is contingent upon the results of a background check, TQCVL verifications (as indicated above), and possible drug screening.

Contacting Current Residents

Current residents are one of the best sources of information about our postdoctoral programs. We strongly encourage applicants to talk with current residents about their satisfaction with the training experience. Please feel free to email the Training Director and request to speak with a resident. Your request will be forwarded to the current residents and a resident will contact you.

Questions about the residency programs and application process can be directed to the Director of Training, Dr. Jason Stolee at Jason.Stolee@va.gov.

Accreditation Status

The postdoctoral residency programs at American Lake VA are accredited by the Commission on Accreditation. The Clinical Psychology program was initially accredited on July 21, 2019 (next site visit will be in 2029), the Geropsychology was initially accredited on July 21, 2019 (next site visit will be in 2029), and the Clinical Neuropsychology was initially accredited on July 21, 2019 (next site visit will be in 2029).

Questions related to APA accreditation should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002
Phone: (202) 336-5979
Email: apaacred@apa.org
Web: <http://www.apa.org/ed/accreditation>

APPIC Membership Status

The postdoctoral residency programs at American Lake are proud Association of Psychology Postdoctoral and Internship Centers (APPIC) member programs (since May 2015).

Questions related to APPIC Membership can be directed to APPIC Central Office:

Association of Psychology Postdoctoral and Internship Centers
17225 El Camino Real
Onyx One - Suite #170
Houston, TX 77058-2748
Phone: (832) 284-4080
Email: appic@appic.org
Web: <http://www.appic.org>

COVID-19 Update

In 2020 the VA Puget Sound psychology training programs quickly transitioned to primarily telehealth, telework, telesupervision, and other virtual training. While we are unable to predict how public health requirements and institutional policies may evolve by the fall of 2023, these capabilities are all currently in use to varying degrees across our training site. As of this writing, most psychologists and all residents are working primarily on-site, providing both in-person and telehealth care. Our facility is committed to following public health guidelines based on the best available scientific evidence, and we will continue to pursue optimal training within that context.

ABOUT THE VA PUGET SOUND HEALTH CARE SYSTEM

Overview

With a reputation for excellence in caring for our Nation's Veterans, VA Puget Sound strives to lead the nation in terms of quality, efficiency and public service. As the primary referral site for VA's northwest region, VA Puget Sound provides care for Veteran populations encompassing Alaska, Washington, Idaho and Oregon. Since its inception, VA Puget Sound Health Care System has distinguished itself as a leader in teaching, research and patient care while earning prestigious recognition as part of the largest health care network in the country. We consider it our privilege to serve the health care needs of more than 80,000 Veterans living in the Pacific Northwest.

In addition to two divisions located at American Lake and Seattle, VA Puget Sound offers services at community-based outpatient clinics. They are located in Bellevue, Bremerton, Federal Way, Mount Vernon, North Seattle, Port Angeles, and South Sound (Chehalis). VA Puget Sound is affiliated with the University of Washington, School of Medicine, in Seattle.

Mission

Honor America's Veterans by providing exceptional and innovative care that improves their health and quality of life.

Vision

The Veterans Health Administration will continue to be the benchmark of excellence and value in health care. Our Mental Health Service strives to provide services reflective of the latest technologies in patient-centered and evidence-based care. We provide this care in engaged, interprofessional teams who support learning, discovery and continuous quality improvement. Our efforts also emphasize prevention and population health and contribute to the Nation's well-being through education, research and service in national emergencies.

Core Values

Compassion, Commitment, Excellence, Professionalism, Integrity, Accountability, Stewardship



VA
HEALTH
CARE

Defining
EXCELLENCE
in the 21st Century

More information on the VA Puget Sound Health Care System can be found at: <http://www.pugetsound.va.gov>

ABOUT THE AMERICAN LAKE DIVISION

The VA Puget Sound Health Care System (VAPSHCS) is comprised of two divisions (American Lake and Seattle), each with its own Psychology Training Program. The American Lake Division of VAPSHCS is located in Lakewood, a major suburb of Tacoma, Washington. Nestled along 1.8 miles of the beautiful American Lake shoreline with Mt. Rainier standing to the East, this Division enjoys one of the most beautiful settings in the VA system. The 378 acres of medical center grounds include 110 acres of natural habitat, 8 acres of lawns, and a 55-acre golf course.



Medical Center Grounds

The American Lake campus was founded in 1923 as the 94th Veterans Hospital built by the War Department for the provision of care to World War I Veterans. The Secretary of the Army authorized, under a revocable license, the Veteran Bureau's use of 377 acres of the 87,000 acre Fort Lewis Army Base property.

The planning committee chose a site on the western shores of American Lake and aspired to build a facility that was both functional and aesthetically pleasing. They chose a Spanish-American architectural style reminiscent of the United States early military structures, such as the Alamo. Many of the stucco and terra cotta buildings are listed on the National Register of Historical Buildings and are still enjoyed by both patients and staff for their beauty.

The medical center was dedicated in 1924 and chartered with a single mission — neuropsychiatric treatment. On March 15, 1924, the first 50 patients were admitted to the hospital, by transfer, from Western State Hospital at Fort Steilacoom. Over the years, American Lake has grown from its original mission to a national leader in integrated health care.



Club House, Veterans Golf Course

Psychologists, physicians, social workers, nurses and ARNPs, dentists, rehabilitative medicine, physician assistants, and auxiliary staff make up the approximately 800 individuals employed at this campus. American Lake's Psychology Training Program has been training doctoral psychology interns since the 1950s. Postdoctoral residency training began at American Lake in 2014.

THE TRAINING PROGRAMS

Mission

Training provided through the American Lake Psychology Training Programs (Residency and Internship) supports the Mission of VA Puget Sound to “Honor America’s Veterans by providing exceptional and innovative care that improves their health and quality of life,” and the national VA Missions of patient care, education, research, and serving as back-up to the Department of Defense.

The Training Program has a specific mission, as captured in the following statement:

“It is the mission of the Psychology Postdoctoral Residency Training Programs at the American Lake Division of VA Puget Sound is to ensure that Veterans and others across the nation have continuing access to highly qualified, ethical, and professional psychological staff who possess advanced competencies in Clinical Psychology, Geropsychology, or Clinical Neuropsychology, who integrate science into their practice with sensitivity to and knowledge about the influence of ethnic, cultural, and individual differences on their psychological services.”

Philosophy

It is our belief that excellence in health service psychology requires attention to ethics, diversity, science, and practice. The residency programs at American Lake value the integration of science and practice.

This value reflects our belief that the postdoctoral residency provides specific training in advanced competencies, as well as acculturation into a philosophy with which clinical and research problems are approached. This philosophy includes objectivity, openness to the available data, and a willingness to explore various hypotheses to understand and address specific clinical situations through research, as well as through study and training.

Within our postdoctoral programs, the integration of science into practice occurs under the supervision of psychologists in programs that have either service delivery or clinical research as a primary focus. Emphasis is placed on the acquisition of clinical skills, including the ability to evaluate psychiatric and neuropsychological disorders objectively, to develop and implement treatment plans, and to evaluate the effectiveness of interventions. Seminars dealing with relevant clinical, research, and professional concerns occur throughout the training experience at the American Lake VA medical center and in the greater professional community.

Overview of the Training Programs

There are three postdoctoral residency *programs* at American Lake (Clinical Psychology, Geropsychology and Clinical Neuropsychology), all part of a multiple practice program. Within the Clinical Psychology program there are three separate *Focus Areas* (PTSD Evidence-Based Psychotherapy Focus, Primary Care Mental Health Integration Focus, and Residential Treatment Focus). Each program has specific aims which reflect our belief that psychologists are defined both by specific training received and by the attitude with which clinical and research problems are approached. The program aims also support the VA’s broader mission of training psychologists competent and committed to practice in public service settings.

Clinical Psychology Program Aims

The postdoctoral residency in Clinical Psychology has three overarching goals:

1. Residents will be prepared for institutional practice in complex and comprehensive public service environments.

2. Residents will develop the full range of skills required for independent functioning as a clinical psychologist.
3. Residents will engage in the necessary training experiences while a resident to be eligible to sit for ABPP specialty certification in Clinical Psychology and/or another relevant ABPP specialty certification (e.g., Clinical, Behavioral and Cognitive Psychology).

Geropsychology Program Aims

The postdoctoral residency in Geropsychology has three overarching goals:

1. Residents will be prepared for institutional practice in complex and comprehensive public service environments.
2. Residents will develop the full range of skills required for independent functioning as a geropsychologist.
3. Residents will engage in the necessary training experiences while a resident to be eligible to sit for ABPP specialty certification in Geropsychology.

Clinical Neuropsychology Program Aims

Due to staffing adjustments, we are not recruiting for the Clinical Neuropsychology Postdoctoral Residency Program for the 2023-2024 training year.

The postdoctoral residency in Clinical Neuropsychology has three overarching goals:

1. Residents will be prepared for institutional practice in complex and comprehensive public service environments.
2. Residents will develop the full range of skills required for independent functioning as a clinical neuropsychologist.
3. Residents will engage in the necessary training experiences while a resident to be eligible to sit for ABPP specialty certification in Clinical Neuropsychology.

Our residency programs are developed from the basic perspective that a health service psychologist should be broadly trained in accordance with the Profession-Wide Competencies defined by the APA during the course of graduate and doctoral residency training. Thus, we view the residency training experience as the time for advanced competency development and specialization training. To that end, residency training at American Lake is designed to provide individually tailored, collaborative, and advanced training in Clinical Psychology, Geropsychology, or Clinical Neuropsychology.

Residents can expect to be exposed to a wide array of patients and problems over the course of the residency. Residents are expected to further develop already-acquired Level 1 (Core) Competencies, Level 2 (Program Specific) Competencies, and Level 3 (Speciality Specific) Competencies. The competencies for each of the three programs are listed below. Residents are also expected to have exposure to, and/or direct clinical experiences with patients that represent a cross-section of the diverse veterans served at VA Puget Sound's American Lake Division and to acquire sensitivity to, and knowledge of, cultural differences, as well as other individual differences that influence the manner in which services are provided.

Clinical Psychology Program Competencies

The focus of the Clinical Psychology residency is on the acquisition of advanced and Level 1 and Level 2 Competencies, as applied to specific areas of focus (PTSD Evidence-Based Psychotherapy Focus, Residential Treatment Focus, and PCMH Focus). Please see American Psychological Association,

Commission on Accreditation. 2015. Standards of Accreditation for Health Service Psychology. Retrieved from <http://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf> and the APA's 2012 Competency Benchmark Revision for further elaboration on these competencies (<http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx>).

Level 1 - Integration of Science and Practice: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge. Use of the scientific method to inform therapy and assessment practices. Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

Level 1 - Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal background, and characteristics defined broadly and consistent with APA policy.

Level 1 - Ethics and Legal Standards: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

Level 2 - Professional Values, Attitudes, and Behaviors: Behavior and comportment that reflect the values and attitudes of psychology.

Level 2 - Communication and Interpersonal Skills: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care. Relate effectively and meaningfully with individuals, groups, and/or communities.

Level 2 - Intervention Skills: Interventions designed to alleviate suffering, and to promote health and well-being of individuals, groups, and/or organizations. Integration of research and clinical expertise in the context of patient factors.

Level 2 - Assessment Skills: Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations.

Level 2 - Education: Knowledge of theories of learning and/or supervision. Evaluation of teaching practices and incorporates feedback to modify current and future teaching strategies.

Level 2 - Consultation and Interprofessional Skills: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines. The ability to provide expert guidance or professional assistance in response to a client's needs or goals.

Geropsychology Program Competencies

The focus of the Geropsychology residency is on the acquisition of advanced Level 1 and Level 2 Competencies, and advanced specialty Level 3 Competencies. Please see American Psychological Association, Commission on Accreditation. 2015. Standards of Accreditation for Health Service Psychology. Retrieved from <http://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf>, the APA's 2012 Competency Benchmark Revision (<http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx>).

[system.aspx](#)), and the Council of Specialties (<https://www.cospp.org/>) for further elaboration on these competencies.

Level 1 - Integration of Science and Practice: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge. Use of the scientific method to inform therapy and assessment practices. Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

Level 1 - Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal background, and characteristics defined broadly and consistent with APA policy.

Level 1 - Ethics and Legal Standards: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

Level 2 - Professional Values, Attitudes, and Behaviors: Behavior and comportment that reflect the values and attitudes of psychology.

Level 2 - Communication and Interpersonal Skills: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care. Relate effectively and meaningfully with individuals, groups, and/or communities.

Level 2 - Education: Knowledge of theories of learning and/or supervision. Evaluation of teaching practices and incorporates feedback to modify current and future teaching strategies.

Level 3 – Foundations of Professional Geropsychology Knowledge: Knowledge of models of aging, demographics, normal aging vs. pathology, and diversity in aging experience; knowledge of models of health care for older adult populations; interplay of health and late-life issues across settings of care, etc.

Level 3 – Geropsychology Intervention Skills: Interventions designed to alleviate suffering, and to promote health and well-being of individuals, groups, and/or organizations, especially as related to the unique needs of older adults. Integration of research and clinical expertise in the context of patient factors.

Level 3 – Geropsychology Assessment Skills: Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations, especially as related to the unique needs of older adults.

Level 3 – Geropsychology Consultation and Interprofessional Skills: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines. The ability to provide expert guidance or professional assistance in response to older adult client's needs or goals.

Clinical Neuropsychology Program Competencies

As noted above, we are not recruiting for the Clinical Neuropsychology Postdoctoral Residency Program for the 2023-2024 training year.

The focus of the two-year Clinical Neuropsychology residency is on the acquisition of advanced Level 1 and Level 2 Competencies, and advanced specialty Level 3 Competencies. Please see American Psychological Association, Commission on Accreditation. 2015. Standards of Accreditation for Health Service Psychology. Retrieved from <http://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf>, the APA's 2012 Competency Benchmark Revision (<http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx>), and the Council of Specialties (<https://www.cospp.org/>) for further elaboration on these competencies.

Level 1 - Integration of Science and Practice: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge. Use of the scientific method to inform therapy and assessment practices. Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

Level 1 - Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal background, and characteristics defined broadly and consistent with APA policy.

Level 1 - Ethics and Legal Standards: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

Level 2 - Professional Values, Attitudes, and Behaviors: Behavior and comportment that reflect the values and attitudes of psychology.

Level 2 - Communication and Interpersonal Skills: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care. Relate effectively and meaningfully with individuals, groups, and/or communities.

Level 2 - Education: Knowledge of theories of learning and/or supervision. Evaluation of teaching practices and incorporates feedback to modify current and future teaching strategies.

Level 3 – Foundations of Clinical Neuropsychology - Knowledge: Knowledge of clinical and cognitive neurosciences, including neurology, neuroanatomy, neurobiology, neuropathology, brain development, and neurophysiology; knowledge of the scientific basis for assessment strategy including test selection, use of appropriate normative standards, psychometric and operating characteristics, and test limitations, etc.

Level 3 – Clinical Neuropsychology Intervention Skills: Interventions designed to alleviate suffering, and to promote health and well-being of individuals, groups, and/or organizations, especially as related to generating recommendations, providing feedback, and addressing neurocognitive disorders. Integration of research and clinical expertise in the context of patient factors.

Level 3 – Clinical Neuropsychology Assessment Skills: Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations, especially as related to the unique needs of individuals with neurocognitive disorders.

Level 3 – Clinical Neuropsychology Consultation and Interprofessional Skills: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines. The ability to provide expert guidance or professional assistance in response to Neuropsychological client's needs, goals, and/or related neuropsychological assessment findings and recommendations.



Commitment to Diversity

The Psychology Training Committee at the American Lake VA is committed to developing the cultural competence of our trainees and staff. We believe it is crucial to understand how facets such as race, ethnicity, language, immigration history, sexual orientation, gender, age, disability, health status, national origin, indigenous heritage, socioeconomic status, education, and religious/spiritual views powerfully shape an individual's life and experience as well as inform our own practice as psychologists. Our Psychology Training Program is thus dedicated to creating an environment focused on increasing the knowledge of, and competence around, multicultural issues. We also have attempted to build within our training program structural supports that will welcome a diverse cohort of residents and support their development while here. Here, we highlight some of these efforts, greater detail of which can be found throughout this brochure.

In our process of *recruiting and selecting* residents for our programs, we have attempted to both invite trainees to highlight the diversity they bring to the program in their cover letters (see Required Application materials, cover letter) and make the process of considering our program accessible to those for whom travel would introduce hardship either by virtue of ability or financial means (see Resident Recruitment and Selection).

To *support and develop our residents' learning* once in our program, we formed a Diversity Committee which actively creates opportunities for our trainees and staff to discuss, experience, and learn about multiculturalism. We also encourage trainees and staff to explore their own multicultural identity to help build personal and professional awareness of their own unique experiences. We prioritize these opportunities as we believe that rich educational experiences are gained when we learn and work with

people from a multitude of backgrounds (see Diversity). To assist in the competency development of our trainees in the area of individual and cultural diversity, we also offer a number of learning activities (seminars, journal clubs, etc) that focus on issues related to multiculturalism, intersectionality, privilege, and advocacy (see Seminars and Educational Offerings). Finally, a number of our psychology service faculty have specific areas of interest in cultural competency and treating underserved populations (see Psychology Service Faculty) and many serve as Diversity Mentors through our Diversity Mentorship program (see Diversity).

To support the *wellness, faith traditions, and family structures of our residents*, we utilize the resources of our VA Equal Opportunity Employment office to ensure equitable and fair treatment that does not discriminate against trainees and to secure reasonable accommodations for trainees when needed (see Equal Employment Opportunity and Prohibited Discrimination). We utilize allowances for observance of religious traditions and holidays, training year modifications for welcoming new family members, and support for nursing mothers (see Administrative Policies and Procedures). We are, through the Federal Employee Health Insurance program, able to offer health benefits to same-sex partners of trainees (see Financial and Other Benefit Support for the Upcoming Training Year). Finally, through the Diversity Committee, we routinely offer curated lists of local events (speakers, bookclubs, performances, cultural festivals) to highlight for trainees new to our area ways they can feel enlivened by local culture and connected with a diverse community (see Diversity).

Our experience as a training program is that the more diverse our trainees and faculty are the more we become aware through their participation and advocacy of new and better ways to support the learning and lives of residents from all backgrounds. Thus, while we offer in this brochure what currently exists in our program, we are also welcoming to the new and innovative ideas of trainees and staff who join us and enrich our community in years to come.

Resident Preparation

Incoming residents are required to have completed a doctoral degree in Clinical or Counseling Psychology from a program that is accredited by the APA CoA, CPA, and/or another VA recognized accrediting body (e.g., PCSAS). To be eligible to attend residency at American Lake, incoming residents must have adequate academic preparation, including receipt of the doctoral degree and successful completion of doctoral internship training as part of the doctoral degree, have acquired Profession-Wide Competencies in the context of service provision to adult patients, have received individual supervision with direct observation of their graduate and internship clinical work, and meet the eligibility requirements for VA employment. Applicants must meet the eligibility qualifications for psychology training within the Department of Veterans Affairs: <https://www.psychologytraining.va.gov/eligibility.asp> - these include, but are not limited to: U.S. Citizenship, completion of our application materials, completion of the doctoral degree by the time the internship begins. Note: All applicants who are U.S. citizens, required to register for the Selective Service, born after December 31, 1959, and who are not otherwise exempt, must show proof of Selective Service registration as part of their VA application. Acceptance of residents is contingent upon the results of a background check, TQCVL verifications (see <https://www.va.gov/OAA/TQCVL.asp>), and possible drug screening. Residents are appointed as temporary employees of the Department of Veterans Affairs. As such, residents are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for residents. If employment requirements change during the course of a training year, residents will be notified of the change and impact as soon as possible and options provided. The Training Director will provide you with the information you need to understand the

requirement and reasons for the requirement in a timely manner. Please note that the VA is a drug-free workplace (see https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf).

Preparation for Licensure

The programs prepare residents to meet licensure requirements for Washington State <https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Psychologist/LicenseRequirements>. If you have plans to practice in a particular jurisdiction outside of Washington, please contact that jurisdiction's licensing board to seek clarification. Licensing information can be found via the Association of State and Provincial Psychology Boards (ASPPB) at <http://www.asppb.net/>.

Administrative Policies and Procedures

Holidays and Leave: See OAA national policies, as well as the Office of Personnel Management website (<http://www.opm.gov>) for full information on leave and benefits for VA personnel. Residents usually receive 11 annual federal holidays. (On occasion, not all 11 holidays fall within a training year; e.g., federal employees are not paid for a holiday that falls on the first day of work, which can impact the total stipend slightly as well). In addition, residents accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period as a resident, for a total of 104 hours of each during the year. Information can also be found on the OPM website (under *Pay & Leave, Work Schedules*) about alternative work schedules to accommodate religious observations not coinciding with federal holidays.

Authorized Absence: According to VA Handbook 5011, Part III, Chapter 2, Section 12, employees, including trainees, may be given authorized absence without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training (e.g., licensure exam, conference presentation). Requests for Authorized Absence are reviewed on a case by case basis by the Training Directors.

Family Leave and Support: Although trainees are not eligible for the Federal Medical Leave Act (FMLA), our program is happy to support trainees through the birth or adoption of a child during their residency year. Current and past trainees have opted to take leave without pay to be home with a new family member and extend their training year accordingly to still complete the requirements of the residency. Trainees at American Lake will be offered accommodations related to lactation while at work in accord with the Patient Protection and Affordable Care Act revised the Fair Labor Standards Act (<https://www.opm.gov/policy-data-oversight/worklife/reference-materials/nursing-mother-guide.pdf>). It is unlikely that a trainee would be paid for time extended beyond the initial training year, due to the nature of the year-long employment contracts associated with VA trainee status.

Privacy: We will collect no personal information about you when you visit our website.

Due Process: Impairment and grievance procedures are consistent with VA Human Resource regulations.

Stipend: Residents receive a competitive stipend paid in 26 biweekly installments. VA residency stipends are locality adjusted to reflect different relative costs in different geographical areas. Currently, the annual fellowship stipend at our site is \$50,757 for first-year fellows and \$53,501 for second-year fellows.

Benefits: Residency appointments in the Clinical and Geropsychology programs are for 2080 hours, which is full-time for a one-year period. Residency appointments in the Clinical Neuropsychology program is for 4160 hours, which is full-time for a two-year period. All three of American Lake's residency programs begin August 14, 2023. VA residents are eligible for health insurance (for self, spouses, and legal dependents) and for life insurance, just as are regular employees.

Liability Protection for Trainees: When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

THE TRAINING YEAR(S)

Program Calendars

The postdoctoral residency programs begin in August every year. **We are not recruiting for the 2023-2024 training year for the Clinical Neuropsychology Postdoctoral Residency Program.**

Diversity

The Psychology Training Program at VA Puget Sound American Lake is sensitive to individual differences and diversity and is committed to practice that is culturally sensitive. We value greatly the complexity and richness of cultural diversity, and strive to foster an environment that actively promotes diversity (e.g., age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, marital/parental status, social economic status). Moreover, the concept of diversity is a central component of the Psychology Training Program, both at the internship and residency level.

A number of clinical and training opportunities exist within the program related to diversity, including participation in the American Lake Division's Diversity Committee, which is a subcommittee of the Training Committee. This Committee challenges trainees and faculty alike in their awareness and implementation of individually and culturally informed best practices.

There are a number of ways for residents to participate in Diversity Committee-related activities. For example, trainees are encouraged to participate in monthly Diversity Committee meetings. These meetings provide opportunities to discuss Committee-related activities such as the Mentoring Program, seminar and didactic presentations related to multiculturalism, and developing new learning opportunities for the Psychology Service. In terms of the Diversity Mentorship Program, residents are encouraged, but not required, to participate in this program by receiving mentorship from staff members. In addition to the Mentorship Program, Diversity Committee members have created and continue to implement community experiential exercises as well as host consultation groups which include outside speakers and clinical case presentations. The Diversity Committee is very interactive and encourages trainees to consider the impact of multicultural issues in everyday clinical and research practice.

In addition to the diversity within the training programs, the Pacific Northwest has a history of richness in diversity. Washington State is home to over 60 Native American tribes; we also have one of the highest concentrations (nationwide) of military personnel with Joint Base Lewis-McChord (Army/Air Force) just a few miles away from American Lake. Rich in the arts, the greater Puget Sound is home to a wide range world class venues to include Tacoma Opera, Seattle Symphony, Pacific Northwest Ballet, Seattle Art Museum, Tacoma Museum of Glass, UW Arts Series, Seattle Men's & Women's Chorus, Bumbershoot and Folk-life Festival, to name a few.

Facility and Training Resources

As the American Lake Psychology training programs enjoy a long history of providing excellent training (at the doctoral internship level), it is well-integrated into the VA Puget Sound and VISN 20 Northwest Network training infrastructure. The full resources of VA Puget Sound, affiliated with the University of Washington, are available to residents in our programs. The Psychology Training Program at American Lake has had some didactic training exchanges with Joint Base Lewis McChord, as well as the Seattle Division of the VA Puget Sound Health Care System, and VA Community Based Outpatient Clinics. The Center for Education and Development at VA Puget Sound oversees all academic and continuing education activities for our facility, which includes over 1,600 academic trainees and more than 2,700 employees. There are two branch libraries as well as our medical media services.

In addition to the interprofessional core clinical staff and faculty, residents also receive support from administrative staff. The Mental Health Service at American Lake has allocated necessary clinical space and equipment to ensure high quality training in the service of veterans' healthcare. State of the art equipment made available for the training programs include computers for staff, phones, video teleconference, FAX machines, and copy machines. The medical record is completely computerized at this facility, so appropriate training and ongoing resources for using it effectively is available, as are a full selection of psychological assessment materials.

Research

While the primary focus of all three of our postdoctoral residency programs is the development of advanced and/or specialized Level 1, Level 2, and (if applicable) Level 3 Competencies, the residency programs at American Lake value the scientific method and scholarly productivity. As such, a portion of the training experience is focused on psychological research. Residents are encouraged to develop a research project at the outset of the training year, in consultation with the Training Directors and Research Lead. We define research broadly and recognize three categories of research. These include traditional research (e.g., RCTs, empirical projects requiring IRB review, generalization is expected), utilizing an implementation science (IS) framework to ask systems-based questions to evaluate models of care, and utilizing program evaluation and quality assessment/improvement (QA/QI) frameworks to illustrate clinical service challenges, opportunities, and potential solutions. Thus, a resident research project may take several forms, to include the following:

- Participate in an ongoing research project (e.g., Mental Health Research, GRECC)
- Conduct a meta-analysis in an area of the resident's interest
- Complete a literature review and research methods section for relevant research that could be conducted here or taken to with the resident to their next professional position
- Complete a grant proposal
- Complete an IS project to assess a systems level question
- Complete a QA/QI project to assess a clinic/program level question
- Conduct an approved research project based off an open dataset (e.g., Pew Research Center, General Social Survey, etc.)

Residents may allocate *up to 8* hours per week for research over the course of the training program. Factors which may affect the amount of time a particular residency may allocate to research could include: the requirements of the specific residency program; the scope of the project; and/or the training goals of the resident. This is collaboratively agreed upon at the outset of the training program with the preceptor and is delineated in the Individual Training Plan for each resident. Residents who engage in a research

project must complete a research *product* (e.g., poster, presentation, or manuscript submission; grant submission; or, IS or QA/QI report) by early July and present their final project at the end-of-year psychology training retreat.

Service

Residents are asked to assist in the development and administration of the Training Programs by participating in committees and activities. These opportunities include, but are not limited to, service on the Training Committee, service on the Diversity Committee, service on the Education and Didactic Committee (one resident must serve on this committee), presentations to Psychology Service, participation in Residency Programs Open House, and/or assistance with development of orientation and training week for incoming residents.

Licensure Exam Preparation Time

While the primary focus of all three of our residency programs is the development of advanced and/or specialized Level 1, Level 2, and (if applicable) Level 3 Competencies, the residency programs at American Lake aim to prepare trainees for licensure. To that end, a portion of the training experience *can be* focused on licensure exam preparation.

Residents *may* allocate *up to* 4 hours per week for licensure exam preparation over the course of the training program. This is collaboratively agreed upon at the outset of the training program with the preceptor and is delineated (e.g., number of hours, date for exam) in the Individual Training Plan (ITP). Residents who engage in this process must sit for the exam during the course of the residency program.

Provision of Education

Residents are expected to engage in the education of others and there are many opportunities to do so. These opportunities may include, but are not limited to, education to service recipients and their family members in clinical placements, presentation to peers and junior peers (e.g., internship didactic series, integrated postdoctoral didactic series), presentations to Psychology Service (e.g., Tuesday Intern Didactic, Wednesday Faculty Didactic, Training Day, etc.), presentations to other professionals within or outside of VA Puget Sound (e.g., clinical team meetings, leadership team briefings, UW Grand Rounds, Madigan continuing education series), outreach to community groups, consultation to interprofessional staff and/or trainees, and/or supervised peer supervision of junior psychology trainees. The advanced, specialized, and individually determined plan for education provision are described in the ITP.

Seminars and Educational Offerings

Education is an integral part of the training year, with a variety of opportunities available throughout the training year. Residents play an important role in shaping these didactic and other educational experiences by completing evaluation forms, participating in an end-of-year review with the Training Director(s), and active involvement with the Psychology Training Committee.

Clinical Psychology and Geropsychology Program residents must complete at least 104 hours of learning activities during the training year; Clinical Neuropsychology Program residents must complete a minimum of 208 hours of learning activities during the two-year program. This can be met through participation in required Tuesday Resident Didactic Series presentations, optional Wednesday Faculty Didactic Series presentations, required residency-specific training opportunities as detailed in each program description, as well as other didactic presentations that are individually tailored with their preceptors to meet training goals as delineated on each trainee's ITP. Please refer to the program-specific descriptions in this

brochure for an overview of required didactic offerings for the Clinical Psychology, Geropsychology, and Clinical Neuropsychology programs. Optional didactic offerings are available at American Lake, the Seattle Division, Madigan Army Medical Center, Joint Base Lewis-McChord, and at outside professional meetings.

Tuesday Resident Didactic Series

The Tuesday Resident Didactic Series is a training experience comprised of topics in the areas of professional development, administrative, clinical issues in psychology, culture and psychology, and clinical research. This series is a collaborative experience for residents in all three residency programs. This is a **required** training activity. This Didactic Series is held the first Tuesday of each month (1500-1600).

Wednesday (Psychology) Faculty Didactic Series

The Wednesday Faculty Didactic Series is arranged for all psychologists in the AMLK Psychology Department. It is **optional** for all residents to attend. Residents are required to provide at least one didactic to the psychology department during their training year. Topics presented by residents are done so with their supervisor's and the Training Committee's approval. Didactics may include review and discussion of journal articles or information presented about specialty topics by those engaged research or applied work in those areas. This didactic series occurs on the third and fourth Wednesday of each month (1500-1630).

UW Psychiatry Grand Rounds

Grand Rounds is a Department of Psychiatry & Behavioral Sciences Continuing Medical Education program, which consists of a series of educational lectures. Presenters at the Grand Rounds include both Department faculty and speakers from other institutions around the country. Grand Rounds typically occurs twice per month (generally every other Friday from 13:00 to 14:00). Attendance is optional. A yearly schedule, as well as access to the live telecast may be accessed at: http://www.uwpsychiatry.org/education/grand_rounds/index.html.

Madigan Professional Development Series

The American Lake Psychology Training Programs enjoy a strong training relationship with Madigan Army Medical Center, located at nearby Joint Base Lewis-McChord. American Lake residents are occasionally invited to join active duty Army psychology interns' and residents' educational and training experiences over the course of the training year. Participation in these events is optional.

Other Off-Site Training Opportunities

Additional off-site training opportunities are available over the course of the training year through the University of Washington, the Seattle Division of VA Puget Sound, Western State Hospital, and other local trainings/experiences. In addition, residents are encouraged to participate in unsponsored training and academic experiences, such as the APA annual conference and Washington State Psychological Association. These events may be approved for Administrative Leave on a limited case-by-case basis.

With the approval of the Training Director and the resident's supervisor(s), Administrative Leave can be granted to residents wishing to attend non-VA professional meetings and workshops relevant to the practice of psychology (see the leave policy section of this manual for further details). Time devoted to such meetings or workshops outside normal VA hours is not compensable.

Resident Lunch

Sixty minutes per week is set aside for residents to meet and discuss issues of mutual interest. Residents are to be released from competing activities during this meeting time. The Psychology Training Committee strongly encourages residents to meet together; however, participation in the resident lunch meeting is not required.

VHA Mandatory Training for Trainees (MTT)

The MTT course includes all content necessary for trainees to practice safely and effectively in VA. Please go to the following website, which will direct you to the TMS portal, to complete: <http://www.va.gov/OAA/mandatory.asp>. This is **required** prior to beginning residency training.

Supervision

Formal supervision (i.e., scheduled face-to-face individual contact) is provided for at least two hours per week. Overall responsibility and coordination of supervision is provided by each program/focus area preceptor in collaboration with the primary clinical supervisor and the resident.

Supervisors vary in their theoretical orientation and supervisory style. Each, however, is committed to providing a meaningful training experience, with the supervisory process being central to that experience. Each supervisor provides supervision using the Competency Based Supervision framework (Falender & Shafranske, 2004) that aligns with the APA Board of Educational Affairs (BEA) Guidelines for Clinical Supervision in Health Service Psychology <http://www.apa.org/about/policy/guidelines-supervision.pdf>. A resident individual training plan (ITP) is developed between the resident and preceptor at the beginning of the year, addressing the baseline competency of the resident, training goals, career goals and outlining training activities that will meet goals and training needs. A formal, regularly scheduled (i.e., quarterly) discussion between the resident and preceptor addresses progress in meeting specified goals and allows for mid-course corrections as needed.

In some settings, residents also have the opportunity to develop supervision skills by participating in vertical supervision of psychology interns. The residency program is committed to providing training and supervised experience using competency-based supervision with interns from our APA-accredited internship program. Vertical supervision and consultation opportunities are designed to address the specific training needs identified in each resident's ITP, targeting the development of competence in specific supervision skills.

Evaluation

Each primary supervisor provides regular, formal evaluations of the resident's performance (i.e., quarterly for first year residents, semi-annually for second year residents). These evaluations are based not only upon the Level 1, Level 2, and (if applicable) Level 3 Competencies, but also upon the achievement of the agreed upon goals and professional performance expectations that comprise the ITP. The preceptor, in collaboration with the primary clinic supervisor, integrate evaluative feedback from other supervisor(s) involved in the resident's training (e.g., secondary clinical supervisor, research project mentor). These evaluations are discussed by the supervisor and/or preceptor and resident. Evaluations are retained after the residency is completed and may provide a basis for letters of recommendation.

The resident provides an evaluation of the training experience at regular scheduled intervals (i.e., quarterly for first year residents, semi-annually for second year residents). Further, at the end of the

training program, the resident provides an overall evaluation of the residency experience. Both interim and final evaluations provided by the residents assist the programs in their self-assessment process.

Supervisory staff meet monthly in the Psychology Supervisors' Meeting to review resident progress as well as to discuss general issues related to the training program. Training staff and residents meet monthly or as needed to discuss policy concerns and evaluation procedures.

Requirements for Completion

Consistent with APA CoA expectations, we have identified clear minimum levels of achievement for successful completion of each of our postdoctoral residency programs:

In order for residents to successfully complete the program they must:

- By the final evaluation/end of the training program, obtain ratings of "7" in all of the Competency Ratings areas on Supervisor Evaluation(s)
- Not be found to have engaged in any ethical, legal, or conduct violations
- Deliver all signed evaluations and training logs (ITP, supervision contracts, evaluations, log of residency activities [hours, didactic], and final residency report).

CLINICAL PSYCHOLOGY PROGRAM

Specific training experiences that are available during COVID-19 may depend on local infection rates, local clinical policies, and leadership decisions. Currently, there is a blend of outpatient encounters being conducted in-person as well as virtually utilizing VA's sophisticated telehealth platforms. The volatile nature of the pandemic makes it impossible to predict today how circumstances on the ground will look in the fall of 2023, when we begin a new cycle of training. Nonetheless, our facility is fully committed to following public health guidelines that are based solely on the best available scientific evidence, to making your health and safety our number one priority, and – given the constraints imposed by necessary health restrictions – to providing you with the highest quality training experience that we can devise. We pledge to do all of this in a straightforward and transparent manner.

PTSD Evidence-Based Psychotherapy (EBP) Focus Area

Focus Area Preceptor: Jennifer King, PhD

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Overview

The goal of the PTSD Evidence-Based Psychotherapy (EBP) Focus Area in the Clinical Psychology program is to prepare residents to function as independent Health Service psychologists with advanced and specialized skills in Clinical Psychology with a focus on the delivery of evidence-based psychotherapies for PTSD. This residency provides clinical, didactic, and academic training to develop advanced knowledge of the etiology, comorbidities, and assessment and treatment of trauma-related disorders, including PTSD. This Focus Area integrates clinical work along with opportunities for teaching, administrative, research, and supervisory experiences within the context of outpatient PTSD treatment in the PTSD Outpatient Clinic (POC). We value trainees who are eager to participate on our team and be part of our professional community. The program requires that all residents engage in direct service delivery for at least a third of their time in training (at minimum), which averages to 13 hours per week.

Number of Residents: One

Length of Training: One year

Goals

Postdoctoral education and training are designed to promote an advanced level of competence as a Health Service Psychologist with **focus** on PTSD and the evidence-based psychotherapies used to treat it.

At the conclusion of the residency, residents will be expected to demonstrate advanced competence in the following areas, consistent with the Clinical Psychology residency program expectations:

- Development of advanced skill in the Level 1 competencies of Integration of Science and Practice, Individual and Cultural Diversity, and Ethics and Legal Matters;
- Development of advanced skill in the Level 2 competencies of Professional Attitudes, Values, and Behaviors; Interpersonal and Communication Skills; Intervention; Assessment; Education and Teaching; and, Interprofessional and Consultation Skills

As applied to the following PTSD EBP skills:

- Development of advanced understanding of cognitive-behavioral theories and application (specifically Prolonged Exposure [PE] and Cognitive Processing Therapy [CPT]);
- Development of advanced understanding of PTSD and trauma-related disorders, including Military Sexual Trauma (MST);
- Development of a professional identity as a Health Service Psychologist with specialized expertise in PTSD, especially as applied to the assessment and treatment of PTSD using trauma-focused EBPs;
- Scholarly activity, e.g., submission of a study or literature review for publication, presentation, submission of a grant proposal, quality improvement project, or outcome assessment;
- Preparation for state or provincial licensure, or certification for the independent practice of psychology

Clinical Settings

PTSD Outpatient Clinic (POC): The POC is a specialized outpatient clinic that provides evidence-based, trauma-focused treatment to Veterans who struggle with PTSD as a result of their military service. Treatment in the POC is behavioral and cognitive, time-limited, and evidence-based. Such evidence-based, PTSD-focused interventions may occur within a group or individual format, depending on the intervention.

For Veterans ready to engage in trauma-focused therapy, treatments that have been scientifically shown to be effective, such as Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), and Written Exposure Therapy (WET), are available; these are often referred to as the POC trauma-focused interventions.

The POC recognizes that many Veterans who struggle with PTSD may not be ready to directly address the traumas they experienced. Therefore, treatment is available for Veterans who do not yet feel ready to address their trauma experiences, but who recognize that a goal of their program involvement is to work toward engaging in a trauma-focused therapy; this is often referred to as the POC non-trauma-focused interventions. The POC has two non-trauma-focused interventions: the PTSD 101 group and the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP) group.

Aftercare is also available to help Veterans maintain treatment gains and to pursue further engagement in life. All of the aftercare services are available outside the POC in other VA clinics or the community.

The overarching goal of the POC is to assist Veterans in their recovery from the disabling and distressing consequences of their condition. For some Veterans, this may be remission of PTSD, for others it may be a lessening in the symptoms with which they struggle, while for other Veterans it may be seeking to improve the quality of their lives in spite of having PTSD. For all Veterans who enter into treatment, the objective of the clinic is the same: to assist Veterans in their efforts to change and to have a more meaningful life.

The Role of the Resident

Resident duties in the POC are to provide individual, time-limited, trauma-focused interventions (i.e., PTSD EBPs, such as PE and CPT), as well as conduct two 90-minute intakes per week and one 60-minute intake every other week, and to engage in collaborative treatment planning with Veterans. Comprehensive psychodiagnostic assessment may be required for Veterans with complex symptom presentations. A resident may also be asked to help develop tailored services for the unique needs of

Veterans, such as designing assessment batteries or intake procedures, or facilitating a specialized group offering. Residents will coordinate care with other members of the Veteran's interdisciplinary care team, including medical staff, rehabilitation specialists, and family members, as necessary.

While on the POC rotation, the resident functions as the primary therapist for the Veterans on their caseload. We aim to ensure that residents are competent in both CPT and PE, and are able to offer both to their patients. The Veterans served by the POC often present with a variety of co-morbid disorders and psychosocial issues that necessitate interventions that complement trauma-focused treatment. In addition to individual psychotherapy, residents are expected to co-facilitate at least one group. Residents are important members of the POC team, participating fully in administrative and case consultation meetings. Residents will also have the opportunity to engage in administrative projects, research tasks, and may have supervisory experiences with interns. Our goal is to help support the resident in gaining professional skills and competencies for full-time staff psychology positions in VA.

Teaching Methods

There are several methods that are used to train the PTSD EBP Resident. They include:

Didactics: In addition to participation in the monthly general seminar attended by all residents, the PTSD program offers a number of specialty specific didactics. As mentioned previously, Clinical Psychology Program residents must complete at least *104 hours* of learning activities during the year, which may include didactics, case conferences or other learning experiences beyond clinical and supervision requirements. In addition, residents must attend other didactic presentations that are individually-tailored, in collaboration with their preceptor, to meet their training goals as delineated on their Individual Training Plan (ITP). Thus, within the Focus Area, PTSD psychology didactic trainings are designed to provide the resident with advanced knowledge of PTSD and the EBPs used to treat it. The didactic training may occur via online trainings, webinars, lectures, experiential trainings, and/or case conferences, and may include some of the optional offerings listed below. Didactic trainings are individually-tailored with the resident during the course of the training year; thus, some of the optional offerings listed below could be required for any given resident depending on training needs.

Required Didactics:

- PTSD EBP Seminar Series – approximately 40 hours over the course of the training year, to be determined based on resident's individual learning needs;
- American Lake Division Postdoctoral Residency Didactic Series – one hour per month

Optional Didactics:

- University of Washington, Psychiatry Grand Rounds – two hours per month (1st and 3rd Fridays at 1200;
- National Center for PTSD Didactic Series – one hour per month (3rd Wednesday at 1100);
- VA National Military Sexual Trauma (MST) Didactic Series – one and a half hours per month (1st Thursday at 0900);
- VA NW MIRECC (VISN 20) Didactic Series – two hours per month (1st and 3rd Wednesdays at 1200).

Mentorship: Dr. King provides leadership for the PTSD EBP Focus Area of the Clinical Psychology postdoctoral program, as the preceptor. The task of the preceptor is to aid the resident in evaluating individual training needs and interests, and to develop an ITP based on those needs and the training program's competency areas. In addition, the preceptor provides professional mentoring to the resident at least monthly, with an eye toward the resident's overall progress through the residency program.

Supervision: The determination of a primary clinical supervisor in POC is a collaborative process with the resident that takes into account training needs and preferences. The licensed psychologists who may supervise the resident per WA State law include Drs. Bullock, King, Mull, and Smith.

The resident will receive individual supervision where PTSD assessment and treatment using PTSD-specific EBPs, clinical, career development, teaching, and scholarly activity are addressed (with a minimum of two hours of individual supervision being provided each week). The resident may also have the opportunity to supervise other trainees under the guidance of clinical staff, when feasible. In addition, the resident will have opportunities to work closely with professionals from other disciplines with different areas of expertise. Residents have opportunities to directly observe licensed staff psychologists in practice. For example, residents will observe licensed psychologists conduct intakes, other evaluations, or engage in other clinical or professional activities, and may co-lead a group with staff. Lastly, while not a supervisory experience per se, the resident will have the opportunity to consult (and perhaps receive additional supervision) in the POC EBP Consultation group, which is currently attended by most POC staff psychologists, as well as other psychologists in our system seeking consultation around a PTSD EBP cases. The POC EBP Consultation group meets Fridays at 1400 and is co-led by Drs. King and Bullock.

Scholarly Activity, Research, and Program Development

Involvement in evaluation that embodies the integration of science and practice is an important component of the PTSD EBP Focus Area. The resident will be required to identify research or evaluation activities that would expand their current skill set. There are a wide range of opportunities available to the resident that include: participation in ongoing studies, participation in ongoing quality improvement projects, data analysis, preparing papers and presentations, interfacing with the local IRB, etc. Areas of ongoing evaluation include: program improvement within the POC and collaborating on ongoing projects with researchers outside of the POC. Residents are encouraged to participate and take the lead in program improvement and development projects. These projects allow the POC to continuously evaluate its programs and offerings, incorporate new evidence-based interventions, and keep clinical programs current and responsive to Veteran needs/preferences. Time allocation for research will be determined in consultation with the preceptor, but will consist of no more than 4 hours per week.

Core Training Faculty

Please see the Psychology Service Faculty section of this brochure for full biographies of the core training faculty for this Focus Area of the Clinical Psychology postdoctoral residency program.

Ashley Brown, Psy.D. is a Clinical Psychologist in the PTSD Outpatient Clinic at the American Lake Division.

Cody L. Bullock, Ph.D. is a Clinical Psychologist in the PTSD Outpatient Clinic at the American Lake Division.

Michael Gramlich, Ph.D. is a Clinical Psychologist in the PTSD Outpatient Clinic at the American Lake Division.

Jennifer C. King, Ph.D. is the POC's co-occurring substance use/PTSD specialist and serves as the liaison between the POC and Addiction Treatment Center (ATC). She is a Clinical Psychologist and the preceptor for this residency Focus Area. Dr. King is also the EBP Coordinator for VA Puget Sound.

Jared Mull, Ph.D. is a Clinical Psychologist in the PTSD Outpatient Clinic at the American Lake Division.

Hannah Reas, Ph.D. is a Clinical Psychologist in the PTSD Outpatient Clinic at the American Lake Division.

Dale E. Smith, Ph.D. is the longest standing member of the POC and has served as its Clinic Manager since its inception in September 1991 when it was first established as a Substance Use/PTSD Clinical Team.

Primary Care Mental Health Integration Focus Area

Focus Area Preceptor: Grant P. Shulman, Ph.D.

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Overview

The goal of the Primary Care Mental Health Integration Focus Area (PCMHI) is to prepare residents to function as scientist-practitioner Health Service Psychologists with advanced training in integrated behavioral health in primary care. Residents working in this Focus Area provide behavioral health services as a member of an interprofessional team, particularly targeting empirically-supported psychological principles for a variety of mental and behavioral health conditions. The Focus Area includes an emphasis on the attitudes, knowledge, and skills in the area of PCMHI. To support competency in PCMHI, clinical work operates in tandem with opportunities for teaching, administrative, research, leadership, and supervisory experiences. The resident will train in PCMHI for approximately 80% of their time and may elect to spend up to twenty percent of their time in another relevant clinical setting associated with the resident's training goals.

Number of Residents: One

Length of Training: One year

Goals

Postdoctoral education and training are designed to promote an advanced level of competence as a health service Psychologist with a focus in interprofessional collaborative care.

At the conclusion of the residency, residents will be expected to demonstrate advanced competence in the following areas, consistent with the Clinical Psychology residency program expectations:

- Development of advanced skill in the Level 1 competencies of Integration of Science and Practice, Individual and Cultural Diversity, and Ethics and Legal Matters;
- Development of advanced skill in the Level 2 competencies of Professional Attitudes, Values, and Behaviors; Interpersonal and Communication Skills; Intervention; Assessment; Education and Teaching; and, Interprofessional and Consultation Skills

As applied to the following PCMHI Focus Area skills:

- Development of advanced skills in the practice of brief psychological and behavioral interventions within a collaborative, team-based, patient-centered care environment;
- Development of advanced understanding of biopsychosocial model of etiology, experience of illness, and treatment of disease;
- Development of a professional identity as a Clinical or Counseling Psychologist with an emphasis in providing integrated, collaborative care in a primary care setting;
- Preparation for state or provincial licensure or certification for the independent practice of psychology;
- Preparation for requirements for board certification in Clinical Psychology and/or Counseling Psychology by the American Board of Professional Psychology.

Clinical Settings

Primary Care-Mental Health Integration

The function of PCMHI is co-located, collaborative care to support primary care in their mission to provide healthcare for the broad population of Veterans. PCMHI serves to identify and treat common mental and behavioral health conditions of mild to moderate severity. Due to American Lake's proximity to Joint-Base Lewis-McChord, PCMHI is often the first mental health contact for Veterans who recently separated from the military. PCMHI also triages individuals with moderate to severe mental health conditions to assist in treatment engagement with the specialty mental health teams.

To support the open-access initiative of VHA, all PCMHI psychologists, psychiatrists, and social workers participate in the same-day access clinic to provide immediate mental health care for non-emergent concerns. This includes providing in-room and online consultation for primary care providers, Veterans, and their family members, and may lead to conducting focused functional assessments to assist Veteran's with their primary mental health needs. Common presenting problems include: Posttraumatic stress disorder, insomnia, depression, various anxiety disorders, nightmares, chronic pain, suicide ideation, and the military-to-civilian transition.

With PCMHI's mission to treat the Veteran population, brief episodes of care (e.g., 4-sessions, 20-minutes per session) utilize evidence-based psychotherapies (e.g., Behavioral Activation, Cognitive-Behavior Therapy for Insomnia, Acceptance and Commitment Therapy, Prolonged Exposure – Primary Care) to target empirically-supported psychological principles. Clinicians routinely utilize measurement-based care to monitor treatment progress to increase the accuracy of case conceptualizations and adapt treatment modalities on-the-fly. We value trainees with flexibility, good customer service, and an appetite for baked goods.

Elective Opportunities

Residents will have the opportunity to operate in clinics beyond the core PCMHI clinic. Listed below are primary care programs in which the Resident may elect to receive additional training. In addition to the clinics below (dependent on logistical feasibility), residents may also elect to train in the outpatient mental health clinics (e.g., Mental Health Clinic, PTSD Outpatient Clinic, Addictions Treatment Clinic) to obtain more in-depth training in specific treatment modalities or disorders.

Chronic Pain Management: The resident collaborates with primary care teams regarding patient recovery goals and biopsychosocial treatments for chronic pain management. The resident may lead brief CBT and ACT based groups for chronic pain. The resident may also complete a minor training experience through the comprehensive pain clinic with outpatient and residential functional restoration program through the Pain Service Line.

Women's Health Clinic (WHC): The resident may collaborate with primary care teams in the WHC to provide behavioral services in this setting, including same-day access consultation and functional assessments, collaboration with WHC interprofessional staff, facilitation of groups and provision of brief individual treatment.

Role of the Resident

The resident's duties in PCMHI revolve around three emphases throughout the residency training year, including: 1) developing strong, collaborative interprofessional working relationships, 2) increasing the utilization of behavioral health services by primary care teams and among veterans; and 3) improving veterans' biopsychosocial health using brief, evidence-based interventions targeting health behavior change.

The resident functions as a primary therapist within primary care, providing a breadth of services, including assessment and brief, evidence-based, interventions on both an individual and a group basis. The resident consults and collaborates with veterans, their families, and health care providers. The resident provides both scheduled and unscheduled patient care working flexibly to respond in a fast-paced, dynamic environment.

The resident receives training in the use of brief evidence-based treatments within a primary care setting. Training is available in many evidence-based psychotherapies, including Cognitive-Behavioral Therapy, Acceptance and Commitment Therapy, and Motivational Interviewing. Targeting core psychological principles through process-based interventions will be emphasized (e.g., Hayes & Hoffman, 2019). Residents will further develop their case formulation ability to rapidly identify psychological processes initiating and maintaining psychological disorders.

As a valued member of the PCMHI team, the resident will also participate in administrative, research, or quality improvement projects. Quality improvement and research opportunities are widely available and strongly encouraged. If interested, the resident may opt to receive additional training from local PCMHI leadership to develop communication skills for health systems management and process improvement with stakeholders from multiple VA services (e.g., general medicine, outpatient mental health).

Teaching Methods

There are several methods that are used to train the PCMHI resident, and they include:

Didactics: As mentioned previously, Clinical Psychology Program residents must complete at least 104 hours of learning activities during the year, which may include didactics, case conferences or other learning experiences beyond clinical and supervision requirements. This may include required and optional didactics individually tailored, in collaboration with their preceptor. Didactic training may occur via online trainings, webinars, in-person lectures, experiential trainings, and/or case conferences and may include some of the optional offerings listed below.

Required Didactics:

- Primary Care Focus Area Seminar Series – approximately 40 hours over the course of the training year, to be determined based on resident's individual learning needs;
- American Lake Division Postdoctoral Residency Didactic Series – one to four hours per month, to be determined collaboratively with each residency class;
- Additionally, the resident will be expected to participate in PCMHI Competency training, and upon completion will be eligible for Competency Certification in PCMHI.

Optional Didactics:

- University of Washington/DOD/VA Tele-pain conference – one hour per week
- PC-MHI Monthly Education Conference Call – one hour per month
- National Measurement Based Care in Mental Health series – one hour per month

Mentorship: As preceptor, Dr. Shulman operates as the administrative head for the PCMHI Focus Area of the clinical psychology postdoctoral program. The task of the preceptor is to aid the resident in evaluating individual training needs and interests, and to develop an individualized training plan (ITP) based on those needs and the training program's competency areas. In addition, the preceptor provides professional mentoring to the resident at least monthly, with an eye toward the resident's overall progress through the residency program.

Supervision: Determination of a primary clinical supervisor in both PCMHI and in any minor rotation is a collaborative process with the resident that takes into account training needs and preferences. Licensed psychologists who may supervise the resident include: Drs. Breitstein, DiNatale, Epler, Fikkan, Hirschhorn, Kane, Kerr, and Shulman. Additional consultants on rotation include our two embedded psychiatrists, two clinical social workers, and four nurse care managers.

The resident will receive both individual and group supervision where PCMHI, clinical, career development, teaching, and scholarly activity are addressed. The resident will have opportunities to work closely with professionals from other disciplines with different areas of expertise. The resident will have opportunities to directly observe licensed independent practitioners, including psychologists, psychiatrists, nurse practitioners, medical staff, and social workers. Residents may also have the opportunity to provide tiered supervision to psychology interns, utilizing a competency-based supervision framework.

Scholarly Activity, Research, and Program Development

As this focus area is oriented towards scientist-practitioner values, involvement in programmatic development and evaluation is considered an important component of the PCMHI Focus Area. The resident will be encouraged to identify research, quality improvement, or quality assurance activities that would expand their current skill set. There are a wide range of opportunities available to the resident that include: participation in ongoing research studies, participation in ongoing quality improvement projects, data analysis, preparing papers and presentations, interfacing with the local IRB, etc. Previous fellowship projects include: implementing a primary care provider burnout prevention program; development of local operating procedures to improve transfer of care between PCMHI, outpatient mental health, and primary care; behavioral medicine education for primary care and PCMHI; and using computer programming to automate performance feedback of clinic-level variables. Time allocation for research will be determined in collaboration with the preceptor, and will be up to 4 hours per week.

Core Training Faculty

Please see the Psychology Service Faculty section of this brochure for full biographies of the core training faculty for this Focus Area of the Clinical Psychology postdoctoral residency program.

Joshua Breitstein, Psy.D. is a psychologist in the Primary Care Mental Health clinic.

Emily Dinatale, Ph.D. is a health psychologist in the Primary Care Mental Health Clinic.

Amee J. Epler, Ph.D. is the Program Manager of Primary Care Mental Health at the American Lake campus.

Janna L. Fikkan, PhD is a psychologist in the Women's Health Clinic/Primary Care Mental Health Clinic.

Elizabeth Hirschhorn, Ph.D. is a geropsychologist in the Primary Care Mental Health Clinic.

Mary-Catherine Kane, Ph.D. is a psychologist in PCMHI at the American Lake campus, and Associate Program Director, Psychology for the Center of Excellence in Interprofessional Collaboration at the Seattle campus.

Burton Kerr, Ph.D. is a psychologist and the Director of Primary Care Mental Health, VA Puget Sound Health Care System.

Grant P. Shulman, PhD. is a psychologist and serves as the preceptor for the PCMHI postdoctoral fellowship.

Residential Treatment Focus Area

Focus Area Preceptor: Megan Harned, Psy.D.

Psychologist, Substance Treatment and Recovery (STAR) Program
VA Puget Sound Health Care System, American Lake Division
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Overview

The goal of this focus area within the Clinical Residency Program is to prepare residents to function as independent Health Service Psychologists (i.e., Clinical or Counseling psychologists), with a focus on advanced competence in specialized mental health treatments for Substance Use Disorders (SUD) and Posttraumatic Stress Disorder (PTSD) with Veterans in a residential treatment environment. The resident will have opportunities for applied learning related to evidence-based practice with both PTSD and SUD, and short and longer-term therapy with Veterans who have complex medical, psychiatric, and psychosocial (e.g., homelessness) needs and who are admitted to the Mental Health Residential Rehabilitation Treatment Programs (MHR RTP).

The MHR RTP provides high-quality residential rehabilitation and treatment services for Veterans who may have complex substance use, mental health, medical, and vocational concerns. The MHR RTP identifies and addresses goals of rehabilitation, functional restoration, recovery, health maintenance, improved quality of life, and community integration. Clinical interventions and treatment goals vary based upon the program in which Veterans are admitted and range from one to six months of intensive treatment.

The MHR RTP is comprised of five specialty treatment programs located at the American Lake Division campus, and community houses located in Tacoma, Washington. The programs include 1) SUD (Substance Treatment and Recovery Program [STAR]), 2) PTSD (Veterans Intensive PTSD Program [VIP]) 3) Homeless Engagement & Recovery Opportunity Program (HERO), 4) Chronic Pain (Residential Functional Restoration Program [rFRP]), and 5) Compensated Work Therapy – Transitional Residence (CWT-TR). Of note, the rFRP is currently closed. Residents training during the 2023-2024 training year will work in the HERO, STAR, and VIP Programs.

The resident will engage in consultation, care coordination, collaboration, and intervention within an interprofessional treatment team consisting of medical staff, nursing, peer support specialists, psychologists, psychiatrists, social workers, and recreation therapists.

Length of training: One year

Number of Residents: One

Goals

The training year will be crafted to provide advanced competency as a Clinical or Counseling Psychologist with a focus in working with Veterans with PTSD and/or SUD as well as complex comorbidities and psychosocial stressors (e.g., homelessness). We expect these experiences to provide preparation for board certification in Clinical and/or Counseling Psychology by the American Board of Professional

Psychology, depending on resident background and interests. We aim to make applicants competitive for a staff position in the VA setting.

At the conclusion of training, residents will be expected to demonstrate advanced competence in the following areas, consistent with the Clinical Psychology residency program expectations:

- Development of advanced skill in the Level 1 competencies of Integration of Science and Practice, Individual and Cultural Diversity, and Ethics and Legal Matters
- Development of advanced skill in the Level 2 competencies of Professional Attitudes, Values, and Behaviors; Interpersonal and Communication Skills; Intervention; Assessment; Education and Teaching; and, Interprofessional and Consultation Skills

As applied to the following Residential Treatment Focus Area skills:

- Selection and delivery of services within a residential treatment environment
- Consideration of benefits and challenges of providing services within a therapeutic milieu
- Attention to increasing knowledge of DEI, to include intersectionality, cultural humility, and cultural competency
- Selection and delivery of appropriate evidence based and/or theory-driven interventions from a patient-focused perspective to treat PTSD and SUD
- Advanced skill in delivering time-limited treatment
- Conduct psychodiagnostic assessment (including both clinical assessment and personality assessment)
- Provision of interprofessional consultation and engaging in collaborative relationships across disciplines
- Demonstrate advanced knowledge of the interaction between comorbid PTSD, SUD, and psychosocial issues (e.g., homelessness)
- Successfully complete a quality improvement, program development, or research project demonstrating knowledge of measurement based care
- Design and delivery of behavioral interventions to create a therapeutic community
- Advanced clinical competencies within a residential care setting and with psychosocial issues (e.g., homelessness)

Additionally, residents may have the opportunity to apply for participation in a VA roll-out training for Cognitive Processing Therapy and/or obtain VA equivalency training in CBT for SUD. Residents may also have the opportunity to provide tiered supervision to psychology interns, utilizing a competency-based supervision framework. Opportunities to work with psychologists in leadership positions may also be available, based on goals.

Clinical Opportunities and Composition of the Training Year

The resident spends approximately two weeks at the start of the year immersing themselves in the MHR RTP treatment environment. The primary clinical placements will be in the VIP and STAR Programs. Residents will spend approximately five and a half months in each clinic, based on training needs. Residents will also participate in year-long clinical work with the HERO program, but this will be at a significantly reduced capacity (4 to 8 hours per week) compared to their primary clinical placements within VIP/STAR.

Homeless Engagement & Recovery Opportunity (HERO): The Homeless Engagement & Recovery Opportunity (HERO) Program is a residential program lasting up to six months, serving any Veteran experiencing unstable housing or homelessness. As a part of the interdisciplinary team, postdoctoral

residents will have opportunities to sharpen their clinical assessment, individual and group intervention, interprofessional consultation, and ethical decision-making skills. Veterans present with clinical concerns to include complex, often transgenerational or race-based trauma in addition to MST and combat trauma, a range of substance and process addictions, recent incarceration and legal stressors, and medical complexities. In line with the VA Whole Health Model, the HERO Program acknowledges that Veterans often have become homeless as a byproduct of many factors, and therefore in addition to assisting Veterans in finding secure and stable housing, HERO also works to address the long-term needs of the Veteran to reduce future relapse into homelessness. This includes an emphasis on working with vocationally-focused Veterans to find meaningful employment, and working with all Veterans to re-engage them with in meaningful activities. Treatment programming is anchored in evidence-based and Veteran-centered intervention. Some of these interventions include Dialectical Behavior Therapy, Cognitive Behavioral Therapy, mindfulness-based interventions, Measurement-Based Care, interpersonal approaches, milieu therapy, care coordination, PTSD/SUD specialty therapy (based on patient needs and resident interests), managing psychosocial issues, and psychoeducational groups. The recovery model will be a prime focus of the postdoctoral resident's interactions with patients and will serve as a foundation for their training year. Finally, postdoctoral residents will have a unique opportunity to offer long-term therapy to HERO Veterans. Postdoctoral residents will have weekly involvement to include four to eight hours per week in the HERO program.

Veterans Intensive PTSD (VIP) Program: Residents will work within a team-based setting to provide intensive PTSD specialty treatment to Veterans who are in need of a higher level of care than outpatient clinics can traditionally provide. The VIP Program provides a four-to-six week program of intensive treatment services for Veterans. Treatment is whole-health driven and recovery-oriented. Residents collaborate with their VIP providers regarding treatment approach to address their goals. Many VIP veterans have PTSD comorbid with substance use, depression, chronic pain, personality disorders, and/or a complex PTSD presentation. Thus, we practice from an integrative theoretical approach to best meet a variety of patient needs. Primary treatments offered include Prolonged Exposure Therapy or Cognitive Processing Therapy delivered in a massed approach (3 sessions per week for 4-6 weeks). Psychotherapy groups are designed to support individual therapy and include: a Process Therapy group, CPT Enhancement group, Values-Based In Vivo Exposure group, Moral Injury/Trauma Informed Guilt Reduction group, Chronic Pain group, and a Flex group, which includes skills training on various topics (interpersonal communication, boundary setting, self-compassion, values identification, sleep improvement, etc.). Recreation therapy also is an important part of VIP and veterans will participate in recreation therapy groups daily. The resident will lead and/or co-lead groups and will carry an individual caseload.

The VIP program offers the resident a chance to work in an exciting and dynamic environment, in which the treatment team (consisting of psychologists, social workers, a recreation therapist, physician assistant, nursing staff, peer support, and a psychiatrist) works cooperatively to provide the best care for each VIP veteran. Thus, a focus of time spent here will be honing interprofessional communication and consultation skills, in addition to building advanced competence and autonomy with innovative approaches for PTSD. Successful residents are able to use theory-driven and flexible approaches to working with complex patients, using evidence-based therapy models. The resident participates in weekly interprofessional team meetings and is considered an integral member of the treatment team.

Substance Treatment and Recovery (STAR): The Substance Treatment and Recovery (STAR) Residential Treatment Program normally operates as a 20 bed, four week residential program. Due to COVID-19 related restrictions, the bed census has fluctuated from seven to fourteen. The program serves all

Veterans who are struggling to attain their goals related to recovery for substance use. Providers in the STAR Program utilize several specialized treatment modalities including Motivational Interviewing, CBT for SUD, Acceptance and Commitment Therapy, CBT, and mindfulness. The primary modality is group treatment but also includes individual therapy and case management. STAR Program providers frequently collaborate with other VA services including medical providers for detox purposes, housing programs, work therapy programs, medical services, polytrauma/neuropsychology, VIP, HERO, CWT/TR, pain clinics, and additional VA programs for Veterans requiring longer term stabilization. In addition to obtaining experience with brief group and individual evidenced based treatments for SUDs, residents would have unique opportunities to consult and collaborate with medical providers about detox procedures and medication assisted therapies to best meet a Veteran's needs. In addition to clinical interventions, the resident will have opportunities for completing psychological assessments. A successful resident would serve as a fully functioning treatment team member and engage in this flexible treatment environment. In addition to clinical work, there are numerous administrative opportunities to include participation in program development, quality improvement projects, and facilitating team aspects of care. An interested resident has the opportunity to work with Dr. Ahmad, a national VA consultant for CBT for SUD, to complete equivalency training to be a VA provider for this treatment.

Homeless Engagement & Recovery Opportunity (HERO): The Homeless Engagement & Recovery Opportunity (HERO) Program is a residential program lasting up to six months, serving any Veteran experiencing unstable housing or homelessness. As a part of the interdisciplinary team, postdoctoral residents will have opportunities to sharpen their clinical assessment, individual and group intervention, interprofessional consultation, and ethical decision-making skills. Veterans present with clinical concerns to include complex, often transgenerational or race-based trauma in addition to MST and combat trauma, a range of substance and process addictions, recent incarceration and legal stressors, and medical complexities. In line with the VA Whole Health Model, the HERO Program acknowledges that Veterans often have become homeless as a byproduct of many factors, and therefore in addition to assisting Veterans in finding secure and stable housing, HERO also works to address the long-term needs of the Veteran to reduce future relapse into homelessness. This includes an emphasis on working with vocationally-focused Veterans to find meaningful employment, and working with all Veterans to re-engage them with in meaningful activities. Treatment programming is anchored in evidence-based and Veteran-centered intervention. Some of these interventions include Dialectical Behavior Therapy, Cognitive Behavioral Therapy, mindfulness-based interventions, Measurement-Based Care, interpersonal approaches, milieu therapy, care coordination, PTSD/SUD specialty therapy (based on patient needs and resident interests), managing psychosocial issues, and psychoeducational groups. The recovery model will be a prime focus of the postdoctoral resident's interactions with patients and will serve as a foundation for their training year. Finally, postdoctoral residents will have a unique opportunity to offer long-term therapy to HERO Veterans. Postdoctoral residents will have weekly involvement to include four to eight hours per week in the HERO program.

Assessment: Residents are expected to integrate psychological personality and diagnostic assessment into their ongoing practice of therapy, as clinically appropriate. Assessment opportunities will be an integral part of residents' work with patients, and opportunities for additional training and experience in this area will be available.

Teaching Methods

There are several methods that are used to train the Residential Treatment Focus Area Resident. They include:

Didactics: As mentioned previously, Clinical Psychology Program residents must complete at least 104 hours of learning activities during the year, which may include didactics, case conferences or other learning experiences beyond clinical and supervision requirements. Residents must present a didactic to the Psychology Department for the Wednesday Psychology Faculty Didactic Series. In addition, residents must attend and may present other didactic presentations that are individually tailored, in collaboration with their preceptor, to meet their training goals as delineated on their Individual Training Plan. Thus, within the Focus Area, didactic trainings are designed to provide the resident with advanced knowledge of PTSD, SUD, homelessness, and residential treatment, and to prepare the resident for employment and licensure. The didactic training may occur via online trainings, webinars, in-person lectures, journal clubs, experiential trainings, and/or case conferences and may include some of the optional offerings listed below. Didactic trainings are individually tailored with the resident during the course of the training year; thus, some of the optional offerings below could be required for any given resident depending on needs.

Required Didactics:

- Residential, SUD, and PTSD focused didactics based on training goals of resident—to be determined based on individual learning needs
- Domiciliary Education Series – 1 hour per month (2nd Tuesday at 2 pm)
- American Lake Division Tuesday Resident Didactic Series-approximately one hour per month (1st Tuesday at 3pm)

Optional Didactic Examples:

- National Center for PTSD Lecture Series — one hour per month
- VISN 20 MIRECC Didactics – one to two hours per month
- VISN 20 SUD Program Call - one hour per month
- Military Sexual Trauma Conference Series – one and a half hours per month
- Wednesday Psychology Faculty Didactic Series (3rd and 4th Wednesday of each month)

Mentorship: Dr. Harned provides leadership for the Residential Treatment Focus Area of clinical postdoctoral program, as the preceptor. The task of the preceptor is to aid the resident in evaluating individual training needs and interests, and to develop an individualized training plan (ITP) based on those needs and the training program's competency areas. In addition, the preceptor provides professional mentoring to the resident at least monthly, with an eye toward the resident's overall progress through the residency program.

Supervision: Residents will receive at least two hours of individual, face to face supervision, weekly. Staff members will also offer additional consultation and support as needed. Supervisors' practices represent a variety of theoretical orientations and supervision approaches, yet all supervision will utilize competence-based supervision strategies to help residents meet their goals and competence requirements. Both summative and ongoing formative feedback will be given in accordance with written postdoctoral policies. Group supervision may also be offered in addition to individual supervision requirements, as appropriate.

Scholarly Activity, Research, and Program Development

The Clinical Psychology postdoctoral residency program embraces the relationship between science and practice and recognizes that it takes many forms for VA psychologists. Thus, opportunities for program evaluation and research mirror this diversity within the Residential Treatment focus area. Residents are

required to work with staff psychologists to engage in quality improvement and measurement or join with ongoing research projects, if available. Residents are expected to complete a quality improvement or research-based product by the end of the training year. Time allocation for research will be determined in collaboration with the preceptor, and will be up to 2 hours per week.

Core training faculty

Please see the Psychology Service Faculty section of this brochure for full biographies of the core training faculty for this Focus Area of the Clinical Psychology postdoctoral residency program.

Zeba S. Ahmad-Maldonado, Ph.D. is the Program Manager for the STAR Program and Chair of the Diversity Committee, a Subcommittee of the Training Committee.

Megan Harned, Psy.D. is a psychologist in the STAR Program and preceptor for the Residential Treatment residency program.

Gina Kuusisto, Ph.D. is a psychologist in the STAR and HERO programs.

Michelle Loewy, Ph.D. is the Section Director for Community and Residential Care Services and Domiciliary Chief.

Jon T. Moore, Ph.D. is the Program Manager for the HERO program.

Marissa Rudolph, Ph.D. is a psychologist in the VIP Program.

Julie Johnson Sharrette, Psy.D. is a psychologist in the VIP Program.

Sherry Yelland, Ph.D. is the Program Manager for the VIP Program.

CLINICAL NEUROPSYCHOLOGY PROGRAM

*****Due to current circumstances, we will not be recruiting for this position for the 2023-2024 year.*****

Preceptor: Sarah Noonan, Ph.D.

VA Puget Sound Healthcare System, American Lake Division (116a)

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Tacoma, WA 98493

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Overview

The mission of the Clinical Neuropsychology specialty program is to prepare residents to function as independent scientist-practitioners in the field of Clinical Neuropsychology. This residency provides clinical, didactic, and academic training to develop advanced knowledge in Clinical Neuropsychology with a focus on outpatient neuropsychological evaluations and treatment. Training will include attention to military culture, VA-specific issues, and common symptom presentations in Veteran populations. The program provides a **major area of study** on the attitudes, knowledge, and skills in the area of Clinical Neuropsychology. The program adheres to the Houston Conference Guidelines (*Archives of Clinical Neuropsychology*, 1998, 13, 160-166) for specialty training in clinical neuropsychology, as described by Division 40 of the American Psychological Association (APA). This program integrates clinical work along with opportunities for teaching, administrative, research, and supervisory experiences within the context of outpatient and residential settings. Residents rotate through the Mental Health Neuropsychology Consult Clinic and the Center for Polytrauma Care, spending approximately 50% of their time in each clinic the first year of the program; time spent in each clinic will vary the second year based on the training goals and fellow interest. The program requires that all residents engage in direct service delivery for a quarter of their time in training (at a minimum), which averages to about 10 hours per week.

Number of Residents: One 1st year resident recruited per year (two total residents enrolled each year in the program, 1st year and 2nd year)

Length of Training: Two years

Goals

Postdoctoral education and training is designed to promote an advanced level of competence as a Clinical or Counseling Psychologist with a specialty in Clinical Neuropsychology.

At the completion of the residency, residents are expected to demonstrate the following:

- Development of advanced skill in the Level 1 competencies of Integration of Science and Practice, Individual and Cultural Diversity, and Ethics and Legal Matters;
- Development of advanced skill in the Level 2 competencies of Professional Attitudes, Values, and Behaviors; Interpersonal and Communication Skills; Education and Teaching;

- Development of advanced knowledge and skills in the Level 3 Clinical Neuropsychology competencies of Foundational Clinical Neuropsychology Knowledge; Clinical Neuropsychology Intervention; Clinical Neuropsychology Assessment; and, Clinical Neuropsychology Interprofessional and Consultation Skills
- Development of advanced skill in neuropsychological evaluation, treatment and consultation with patients and professionals sufficient to practice on an independent basis;
- Development of advanced understanding of brain-behavior relationships;
- Scholarly activity, e.g., submission of a study or literature review for poster presentation, publication, platform presentation; or a quality improvement (QI) project relevant to clinical practice;
- Preparation for state or provincial licensure or certification for the independent practice of psychology;
- Preparation for requirements for board certification in Clinical Neuropsychology by the American Board of Professional Psychology/American Board of Clinical Neuropsychology.

Clinical Settings

Outpatient Mental Health Neuropsychology Consult Service: Residents serve as consultants and provide assessments as part of Mental Health Neuropsychology. Patients are referred to this service from a variety of clinics throughout the hospital and referrals typically include traumatic brain injury, various dementias, epilepsy/seizure disorder, stroke, and cognitive dysfunction secondary to medical or psychiatric conditions. The resident may also elect to participate in capacity referrals, if available. Neuropsychology evaluations involve a clinical interview, test administration, scoring of test data, test interpretation, data integration and written report, and feedback to patients, family members, and the referral source. The majority of evaluations are completed at the Mental Health Clinic, although neuropsychological evaluations may also be completed through the Community Living Center and Domiciliary. Opportunities for neuropsychology-specific group interventions could be available and include psychoeducational/cognitive rehabilitation interventions.

Center for Polytrauma Care: The VA Polytrauma System of Care provides comprehensive, interdisciplinary care to veterans who have sustained traumatic brain injuries. At VA Puget Sound, services are provided on an outpatient basis to individuals in the post-acute phase. We serve as the consultation and referral site for the geographic region of Alaska, Idaho, Oregon and Washington. The majority of our patients are veterans of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OEF/OIF/OND), have sustained one or more deployment-related mild TBIs/concussions, and typically present with co-occurring posttraumatic stress symptoms and chronic pain. We also receive referrals to assist with care planning for other populations served through the Rehabilitation Care Service, such as stroke, brain tumor, and anoxic/hypoxic injury. Our Polytrauma team is comprised of professionals from several disciplines, including physiatry, speech-language pathology, occupational therapy, physical therapy, recreational therapy, vocational rehabilitation, social work, and nursing.

Neuropsychology contributions in the Center for Polytrauma Care are wide-ranging, depending on veterans' presenting concerns and prior treatment history. Residents will gain experience determining when cognitive assessment is indicated, and will be exposed to the many other roles that neuropsychologists can play in healthcare settings. They will further their understanding of the complex relationships between neurological, emotional, and personality factors, and how these interact with pain, sleep, motivational issues, and other variables to influence cognitive functioning. A strong emphasis is placed on psychoeducation to veterans and family members, and on facilitating connection with relevant care offerings. When testing is performed, this emphasis is reflected in written reports and feedback to patients, with the overarching goal of turning recommendations into action. Commensurate with their

prior experience and training, residents will conduct individual and group psychotherapy and cognitive skills training. They may also develop intervention skills in coping and adjustment to disability. Advanced trainees will have the opportunity to work with a psychometrist, if available.

The Role of the Residents

A resident's duties include providing comprehensive neuropsychological evaluations to answer a wide range of referral questions. This will include a thorough chart review, interview with the veteran and collateral if available, selection and administration of an appropriate battery, scoring, report writing, and feedback of results. Residents will coordinate care with other members of the veteran's interdisciplinary care team, including medical staff, rehabilitation specialists, and family members, as necessary.

While on both rotations, the resident will work closely with supervisors but will be responsible for each component of the evaluation. The veterans served at VA Puget Sound often present with a variety of medical and mental health issues that complicate the neuropsychological picture. Residents are important members of the Neuropsychology team, participating fully in case consultation meetings. Residents will also have the opportunity to engage in administrative projects and research/QI tasks. Second-year residents may have supervisory experiences with other trainees.

Teaching Methods

There are several methods that are used to train the Clinical Neuropsychology resident, and they include:

Didactics: As mentioned previously, Clinical Neuropsychology residents must complete at least *104 hours of didactic* training during the year (to include the Integrated Resident Didactic Series, Psychology Service Seminars, and Psychology Service Journal Club. In addition, residents must attend other neuropsychology-specific didactic presentations. The Clinical Neuropsychology Program offers specific didactics to prepare the resident for board certification. The didactic training may occur via online trainings, webinars, in-person lectures, experiential trainings, and/or case conferences and may include some of the optional offerings listed below.

Required Didactics:

- Neuropsychology Seminar – these occur twice a month and in conjunction with the Clinical Neuropsychology Fellowship at the Seattle VA. These are designed to prepare the resident for board certification. Residents help to organize the VA Puget Sound neuropsychology seminar series, which includes presentations by Clinical Neuropsychology supervisors and research staff, VA Neurologists, and Neuropsychology Residents and Interns.
- American Lake Neuropsychology Journal Club – One hour per month
- American Lake Neuropsychology Case Consultation – One hour per month
- American Lake Mock Fact Finding/Work Sample Review – Three hours per year
- American Lake Postdoctoral Residency Didactic Series – One to four hours per month, to be determined collaboratively with each Residency class

Optional Didactics:

- University of Washington, Psychiatry Grand Rounds – Two hours per month
- University of Washington, Neurology Grand Rounds – One hour per month
- University of Washington, Neurology Clinicopathologic Conference – One and a half hours per month
- Rehabilitation Psychology Didactic Series – One hour per week
- Geriatrics and Extended Care Journal Club – One hour per week

- Geropsychology Didactic Series – One hour per week
- Geriatric Research, Education, and Clinical Center Lectures Series – Two hours per month

Mentorship: Dr. Brett Parmenter provides leadership for the Clinical Neuropsychology Postdoctoral Program as the preceptor. The task of the preceptor is to aid the resident in evaluating individual training needs and interests, and to develop an individualized training plan based on those needs and the training program's competency areas. In addition, the preceptor provides professional mentoring to the resident at least monthly, with an eye toward the resident's overall progress through the program.

Supervision:

The resident will receive both individual and group supervision where clinical, career development, teaching, and scholarly activity are addressed. During the second year, the resident may also have the opportunity to supervise other trainees under the guidance of clinical staff, when feasible. In addition, the resident will have opportunities to work closely with professionals from other disciplines with different areas of expertise. Residents have opportunities to directly observe licensed staff psychologists in practice. For example, residents will observe licensed psychologists conduct intakes, feedback, or engage in other clinical or professional activities, and senior staff may co-lead a group with the resident.

Scholarly Activity, Research, and Program Development

Involvement in evaluation that embodies the integration of science and practice is an important component of the Neuropsychology residency. The resident will be encouraged to identify research or evaluation activities that would expand their current skill set. There are a wide range of opportunities available to the resident that include: participation in ongoing studies, participation in ongoing quality improvement projects, data analysis, preparing papers and presentations, interfacing with the local IRB, etc. Program improvement and development projects are areas in which residents are encouraged to participate and take the lead. These projects allow the Neuropsychology in the MHC and Center for Polytrauma Care to continuously evaluate our programs and offerings and keep our clinical programs current and responsive to patient needs/preferences.

Core training faculty

Please see the Psychology Service Faculty section of this brochure for full biographies of the core training faculty for the Clinical Neuropsychology postdoctoral residency program.

Derek Anderson, Ph.D. is a Psychologist in the Rehabilitation Care Service line.

Madison Bertolin, Ph.D. is a Clinical Rehabilitation Neuropsychologist in Rehabilitation Care Services, working primarily in the inpatient Blind Rehabilitation Center and outpatient TREWI (TeleRehabilitation) program.

Sarah Noonan, Ph.D. is a Clinical Neuropsychologist in Rehabilitation Care Services, working primarily within the Center for Polytrauma Care.

Orlando Sánchez, Ph.D. is a Clinical Neuropsychologist in the Mental Health Clinic.

Evan Zahniser, Ph.D. is a Clinical Neuropsychologist in the Mental Health Clinic.

GEROPSYCHOLOGY PROGRAM

Preceptor: Annie Mueller, Ph.D.

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Overview

The mission of the Geropsychology program is to prepare residents to function as independent practitioners in the field of Geropsychology. This residency provides clinical, didactic, and academic training to develop advanced knowledge of biopsychosocial issues related to aging and treatment of those issues, using cutting edge treatment modalities befitting an ever-changing health care system. The resident will work within an interprofessional context including physicians, nurse practitioners, nurses, social workers, occupational therapists, recreational therapists, dietitians, physical therapists, chaplains, and speech pathologists. The program adheres to the Pikes Peak Model (*Knight et al., American Psychologist, 2009, 64, 205-214*) for specialty training in professional Geropsychology, as described by Division 12, Section II of the American Psychological Association (APA), and meets post-doctoral training requirements for board certification, as specified by the American Board of Geropsychology. In other words, Geropsychology is a **major area of study** in this residency program. Our Geropsychology residency program received the 2016 Excellence in Geropsychology Training Award from the Council of Professional Geropsychology Training Programs (CoPGTP).

The resident and supervisors will collaborate to devise a training plan that is based on the resident's training goals and needs, previous experience, and patient care needs. The resident works 40% in rotations under the Geriatrics and Extended Care service line, 40% in Primary Care-Mental Health Integration (PC-MHI) with the remaining 20% spent in research. The resident also will have multiple teaching opportunities throughout the year, such as the provision of professional presentations to the psychology service line, Geriatrics and Extended Care service line, and University of Washington Grand Rounds. Protected time can be allocated for the preparation of these materials.

Length of Training: One year

Number of Residents: One

Goals

At the completion of the residency, the resident is expected to demonstrate the following:

- Development of advanced skill in the Level 1 competencies of Integration of Science and Practice, Individual and Cultural Diversity, and Ethics and Legal Matters;
- Development of advanced skill in the Level 2 competencies of Professional Attitudes, Values, and Behaviors; Interpersonal and Communication Skills; Education and Teaching;
- Development of advanced knowledge and skills in the Level 3 Geropsychology competencies of Foundational Geropsychology Knowledge; Geropsychology Intervention; Geropsychology Assessment; and, Geropsychology Interprofessional and Consultation Skills
- Preparation for state or provincial licensure or certification for the independent practice of psychology;

- Preparation for requirements for board certification in Geropsychology by the American Board of Professional Psychology.

Major Rotations

Geriatrics and Extended Care (GEC) Service Line: The resident spends 40% of their time over the course of the year training in rotations under the GEC service line, consisting of the residential Community Living Center (CLC), the Geriatric Outpatient Primary Care Clinic (GeriPact), and end-of-life care. The resident will be responsible for direct patient care, consultation, and staff education. The primary supervisor for the GEC portion of the fellowship is Dr. Lane.

Dedicated in 2010, the CLC at VA Puget Sound American Lake is a state-of-the-art, LEED-certified facility based around a new concept called “cultural transformation” that encourages individualized care and involves the input of staff, residents, and family members. A culturally transformed community is an environment that treats residents as a whole, based on their individual medical, psychological, social, and spiritual needs. The CLC provides short and long-term care for medically compromised Veterans, including those in Hospice for end-of-life care. The CLC also contains a Dementia Special Care Unit (DSCU), in which the resident will gain exposure to specialized therapy approaches, specialty assessments, and non-pharmacological interventions to manage challenging behavioral issues. Work in the CLC provides exposure to unique clinical, ethical, and legal challenges of caring for veterans across various stages of life and illness. In addition to the CLC, the resident also participates in the outpatient GeriPact clinic which serves older adults with particularly complicated medical and/or psychiatric presentations requiring geriatric specialization. Housed within a multidisciplinary geriatric medical team, this clinic offers opportunities for longer-term psychotherapy with a particularly complex sub-population of older adults. The resident is responsible for direct patient care, consultation, and staff education.

Primary Care-Mental Health Integration (PC-MHI): The resident trains for 40% of their time in PC-MHI, an interprofessional outpatient mental health service embedded within the Primary Care service line. PC-MHI promotes whole-person care by addressing mental and behavioral health needs through collaboration with veterans and their primary care teams comprised of primary care providers, nurses, pharmacists, and social workers. The PC-MHI team is an extension of the primary care team and consists of psychologists, social workers, nurse care managers, psychiatrists, and administrative specialists. Drs. Hirschhorn and Mueller are the primary supervisors for the PC-MHI rotation.

Given the tendency for older adults to seek mental health services initially within primary care, the role of the geropsychologist within this clinic is to provide direct mental health services with expertise in aging within the primary care setting. In particular, this includes access to mental health services on the same day as primary care appointments via “warm handoffs” from primary care teams. Services within PC-MHI are provided via telehealth as well as in-person. The resident will have opportunities to gain experience in areas such as brief psychotherapy for veterans with mild-to-moderate mental health concerns, brief interventions for common behavioral health concerns, cognitive screening, triage and risk assessment, motivational interviewing, and caregiver support. The resident will also have the opportunity to facilitate behavioral health classes within the range of services that PC-MHI provides, including classes focused on healthy aging.

Resident responsibilities also include offering consultation to mental health and primary care providers treating older adults. The rotation affords opportunities for staff education within a broad interprofessional team about issues related to aging (e.g., normative/non-normative cognitive decline). There will be opportunities for program development (e.g., development of brief, group-based

interventions) and quality improvement endeavors (e.g., tailoring clinic screening to older adults) particularly with regard to addressing the specific needs of an aging population. In addition, the resident has the opportunity to provide supervision of pre-doctoral psychology interns rotating through PC-MHI, under the supervision of geropsychology residency faculty.

Geropsychology Research: The resident will spend up to 20% of their time engaged in Geropsychology research. Engagement in the research minor may involve partnering with psychologists on ongoing research projects, Clinical Demonstrations (development, implementation, and evaluation of innovative models of geriatric care), or pursuing a Quality Improvement project of their own. Examples of projects include: outcome evaluation of psychoeducational groups (Memory Skills or Health Brain aging), education development, and Quality Improvement projects focused on age differences in Veterans' treatment adherence upon referral to specialty care. Current and future research may involve a continuation of these projects, including developing psychoeducational treatment protocols focused on brain health, memory skills, and other age-related issues. Dr. Trittschuh is the primary supervisor for this rotation.

Teaching Methods

There are several methods that are used to train the Geropsychology resident, and they include:

Didactics: As mentioned previously, Geropsychology program residents must complete at least *104 hours of didactic* training during the year (to include the Integrated Resident Didactic Series, Psychology Service Seminars, and the Psychology Service Journal Club). In addition, residents must attend other didactic presentations to meet their training goals as delineated on their Individual Training Plan. Approximately forty hours of didactic trainings are required to provide the resident with advanced knowledge of Geropsychology and to prepare the resident for board certification. The didactic training may include some of the optional offerings listed below. Didactic trainings are individually tailored with the resident during the course of the training year; thus, some of the optional offerings below could be required for any given resident depending on training needs or interests.

Required Didactics:

- National VA Geropsychology seminar
- Geriatric Medicine Journal Club
- Geriatric Research, Education, and Clinical Center Lectures Series
- American Lake Division Postdoctoral Residency Didactic Series – one to four hours per month, to be determined collaboratively with each Residency class

Optional Didactics:

- American Lake Division Psychology Service Journal Club
- American Lake Division Psychology Service Seminar Series
- Meeting the Mental Health Needs of Aging Veterans: Promising Practices webinar
- University of Washington, Geriatric Medicine Grand Rounds
- University of Washington, Psychiatry Grand Rounds
- Neuropsychology Seminar Series
- Telemental Health Seminar Series

The resident is also encouraged to attend other trainings as it pertains to training goals. Residents in previous years have attended trainings at the University of Washington and Joint-Base Lewis McChord.

Mentorship: Dr. Mueller provides leadership for the Geropsychology postdoctoral program, as the preceptor. The task of the preceptor is to aid the resident in evaluating individual training needs and interests, and to develop an individualized training plan (ITP) based on those needs and the training program's competency areas. In addition, the preceptor provides professional mentoring to the resident at least monthly, with an eye toward the resident's overall progress through the program.

Supervision: The Geropsychology resident will receive individual supervision where clinical care, professional development, and teaching are addressed. The resident may also have the opportunity to supervise interns under the guidance of clinical staff. In addition, the resident will have opportunities to work closely with professionals from other disciplines with different areas of expertise. The resident will also have opportunities to directly observe licensed staff psychologists in practice (i.e., intakes, individual or group therapy, clinical consultation, or other clinical or professional activities).

Core training faculty

Please see the Psychology Service Faculty section of this brochure for full biographies of the core training faculty for the Geropsychology postdoctoral residency program.

Elizabeth W. Hirschhorn, Ph.D. (she/her/hers) is a Geropsychologist on the Primary Care Mental Health team and the Associate Director of Psychology Training at American Lake VA.

Douglas Lane, Ph.D., ABPP (he/him/his) is a Geropsychologist assigned to the Geriatrics and Extended Care Service. He also is a Clinical Professor in the Department of Psychiatry and Behavioral Sciences of the University of Washington School of Medicine and a Faculty Fellow in the Pacific Lutheran University School of Nursing.

Annie Mueller, Ph.D. (she/her/hers) is a Geropsychologist providing telehealth services on the Primary Care Mental Health team.

Emily H. Trittshuh, Ph.D. (she/her/hers) is a Clinical Neuropsychologist and the Associate Director for Education and Evaluation (ADEE) and with the Geriatric Research, Education, and Clinical Center ([GRECC](#)). She is also an Associate Professor in the Department of Psychiatry and Behavioral Sciences of the University of Washington School of Medicine.

PSYCHOLOGY SERVICE FACULTY

Zeba S. Ahmad-Maldonado, PhD is the Program Manager for the Substance Treatment and Recovery (STAR) Program in the MHR RTP. She received her Ph.D. in Clinical Psychology from Seattle Pacific University, completing her doctoral internship at the Louis Stokes DVAMC in Cleveland, Ohio. She is licensed to practice in Washington state and is a Clinical Instructor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Dr. Ahmad's theoretical orientation is Cognitive Behavioral. Dr. Ahmad was certified in Cognitive Behavioral Therapy for Substance Use Disorders (CBT for SUD) through the VA in 2015. She is a trained consultant for the national CBT for SUD training program through the VA. At American Lake, Dr. Ahmad is the Chair of the Diversity Committee, a Committee serving under the Training Committee. Dr. Ahmad has a special emphasis on diversity related issues.

Derek Anderson, PhD is a psychologist in the Rehabilitation Care Service. He obtained his PhD in Clinical Psychology from Ohio State University and is licensed in Washington state. He completed his doctoral internship at the Seattle VA and postdoctoral residency in Rehabilitation Psychology at the Seattle VA. Clinically, he is interested in adjustment to chronic disabilities and currently conducts brief outpatient neuropsychological assessments as well as provides individual and group psychotherapy. His intervention approaches are guided by empirically supported treatments, including Cognitive Behavioral Therapy (CBT), Behavioral Activation, Acceptance and Commitment Therapy (ACT), Motivational Interviewing (MI) and Problem-Solving Therapy techniques to promote mood management, pain management, and optimize response to disability within a rehabilitation setting. As for research, he is most broadly interested in examining response to chronic medical conditions or acquired disability among patients and their family members. His most recent research efforts have included examining mood and social support among patients with limb loss. Additionally, he has been serving as a study therapist for an ongoing grant-funded, multi-site, group intervention for chronic pain management.

Sareeta Beeram, PsyD is a psychologist with the Addictions Treatment Center (ATC). She received her PsyD in Clinical Psychology from Nova Southeastern University. She completed her doctoral internship at the VA Eastern Kansas HealthCare System and is licensed in the state of Kansas. Dr. Beeram's theoretical orientation is Cognitive Behavioral. She completed the Motivational Enhancement Therapy (MET) training program through the VA in 2015 and serves as a national consultant for the MI/ MET training programs. At American Lake, Dr. Beeram serves Veterans in both the outpatient addiction treatment program and the office-based buprenorphine treatment program. She is a member of the American Lake Suicide Risk Reduction Committee. Her professional/research interests include diagnosis and treatment of co-occurring disorders and the role of motivation in engagement and treatment.

Joshua Breitstein, PsyD is a psychologist in the Primary Care Mental Health Integration (PCMHI) Clinic. He attended The Georgia School of Professional Psychology, earning his PsyD in 2008. While attending his graduate program, he earned a 2-year Health Professions Scholarship in the United States Army. He completed internship and post-doctoral training at Madigan Army Medical Center where he was trained as a clinical psychologist with a specific emphasis on military psychology. He served on active duty from 2007 to 2011, completing one deployment to Iraq from 2010 to 2011 as the psychologist assigned to the 85th Combat Stress Control Detachment. Dr. Breitstein holds an active psychology license in Washington state. His theoretical orientation is cognitive behavioral within an interpersonal framework. Dr. Breitstein received advanced training in sleep medicine at Madigan Army Medical Center. He brings diversity experience working with active duty military populations across all branches of service. Dr. Breitstein clinical and research interest is in the area of sleep medicine. He enjoys mentoring and supervising interns providing trainees with a diverse understanding of military culture and its impact on cognition and

behavior. Dr. Breitstein also enjoys training interns in various aspects of sleep medicine and applying these principles to treatment in a primary care setting.

Ashley Brown, Psy.D. is a Graduate Psychologist in the PTSD Outpatient Clinic (POC). She received her Psy.D. in Clinical Psychology from Roosevelt University in 2019. She completed her doctoral internship at Mann-Grandstaff VA Medical Center in Spokane, Washington and is licensed in the state of Washington. Since joining the POC in 2019, she has completed VA rollout training in Cognitive Processing Therapy. Dr. Brown's professional interests include combat and military sexual trauma, moral injury, and implementing evidence-based treatments in a culturally sensitive way, and her theoretical orientation is primarily third-wave cognitive-behavioral with attention to the psychotherapy process.

Cody L. Bullock, PhD is a clinical psychologist in the PTSD Outpatient Clinic (POC). He received his PhD from Pacific Graduate School of Psychology at Palo Alto University, with an emphasis in Neuropsychological Assessment in 2011. He completed his doctoral internship at Heartland Behavioral Health Hospital through the Ohio Psychology Internship Program, and his postdoctoral residency through the San Francisco VA Medical Center, in the Rural Psychology Track. Dr. Bullock has been licensed since 2013, and in Washington state since 2015. He has completed VA rollout trainings in MET, PE, WET, and CPT. He has enjoyed serving on a variety of workgroups with areas including staff education, review of risk management documentation, training committee, diversity mentorship, and psychology trainee clinical and psychological assessment supervision. His theoretical orientation is primarily CBT-based. He currently is also an Army Psychologist and a Major in the Army Reserves, having joined in 2016 and serving in a Unit whose mission is to provide Behavioral Health services in deployed environments. He has two areas of specialized training as an Army Psychologist – Aeromedical Psychology and SERE Psychology – and his first deployment was in 2019, spending 9 months in Iraq/Kuwait providing a wide range of Behavioral Health services and consultation.

David Correia, PhD is a staff psychologist in the Mental Health Clinic. He received his doctorate in Clinical Psychology from the Pacific Graduate School of Psychology at Palo Alto University. He completed his pre-doctoral internship at the W.G. (Bill) Hefner VA Medical Center in Salisbury, North Carolina. He completed his postdoctoral residency in Behavioral and Cognitive Psychology, PTSD emphasis, at the VA Puget Sound, American Lake Division. His theoretical orientation is primarily cognitive-behavioral. Dr. Correia received advanced training during internship and residency in trauma-focused interventions and completed VA evidence-based treatment rollouts for Prolonged Exposure and Cognitive Processing Therapy. He serves as a consultant on the Assessment Supervision Committee and also serves on the Diversity Committee. His professional interests include case-conceptualization, psychological assessment, professional development of ethnic minorities in psychology, and competency based supervision.

Matt Coopersmith, PsyD is a psychologist in the Addictions Treatment Center (ATC). He completed his doctorate degree in clinical psychology at The Chicago School of Professional Psychology, his doctoral internship at the Psychological Services Center of Pacific University in Portland, OR, and his post-doctoral fellowship at Oregon State Hospital. Dr. Coopersmith is currently licensed in the state of Kansas. His approach to psychotherapy is primarily cognitive behavioral. While working for the State of Oregon, he completed the intensive Dialectical Behavior Therapy training with Behavioral Tech and with the VA, he has completed the Motivational Enhancement Therapy protocol training. DBT and MI are his primary clinical interests.

Larissa Del Piero, PhD is a clinical psychologist in the Rehabilitation Care Service. She obtained her PhD in Clinical Psychology from the University of Southern California and completed a Doctoral Internship at the

University of Washington School of Medicine in the Neuropsychology/Behavioral Medicine track. She completed a postdoctoral fellowship in Rehabilitation Psychology with a Neuropsychology emphasis at the Seattle VA. She is licensed in Washington and California. She is currently the psychologist for the TeleRehabilitation Enterprise Wide Initiative (TREWI) team, where she provides rehabilitation psychology and neuropsychology services via telehealth. She additionally serves as the psychologist for the inpatient Blind Rehabilitation Center (BRC), where she conducts psychosocial assessments, low vision neuropsychological assessments, and brief mental health interventions. Her clinical interests and areas of expertise include neuropsychological assessment with rehabilitation populations, mindfulness, acceptance, and family systems-based approaches to coping with physical illness and injury, and adaptation of rehabilitation psychology/neuropsychology services for telehealth.

Emily Dinatale, PhD is a psychologist in the PCMHI Clinic. She attended East Carolina University and completed doctoral internship at Charlie Norwood Veterans Affairs Medical Center/Medical College of Georgia Consortium. She completed postdoctoral residency at the Salem Veterans Affairs Medical Center in Virginia. She has been licensed in North Carolina since 2015. Clinical interests include promoting health management behaviors. Research interests include development and assessment of novel behavioral interventions for diabetes and weight management in underserved populations.

Amee J. Epler, PhD is the Program Manager of the PCMHI Clinic at the American Lake campus. She received her PhD in Clinical Psychology from the University of Missouri-Columbia. She completed her doctoral internship at the University of Mississippi Medical Center/VA Consortium in Jackson, MS. She is licensed in the states of Mississippi and Washington. Her theoretical orientation is primarily behavioral within a dialectical framework. Dr. Epler has received advanced training on internship and as a VA Staff Psychologist in Dialectical Behavior Therapy, Prolonged Exposure, Cognitive Processing Therapy, Acceptance and Commitment Therapy for Depression, Problem Solving Therapy, Cognitive Behavioral Therapy for Insomnia, and Motivational Interviewing. Her professional interests include brief interventions for primary care settings, health behavior change, and integrated care models.

Janna L. Fikkan, PhD is a staff psychologist in the Women's Health Clinic and part of the Primary Care Behavioral Health Team. She received her PhD in Clinical Psychology from the University of Vermont. She completed a pre-doctoral internship at Duke University Medical Center and a postdoctoral fellowship in health psychology at Duke Integrative Medicine. She is licensed in Washington and is Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Her theoretical orientation integrates behavioral and interpersonal approaches. Her professional interests include health psychology, women's health, training and mentoring of interns and residents and professional development of women in the field of psychology.

Daniel J. Fischer, PhD is a psychologist in the MHC. He is licensed in Washington state. Dr. Fischer received his PhD in Clinical Psychology from the University of New Mexico. He completed his doctoral internship at the VAPSHCS, American Lake Division and his postdoctoral residency in the Center for Excellence in Substance Abuse Treatment and Education (CESATE) at VAPSHCS, Seattle Division. Dr. Fischer has received advanced training in the practice and education of MI and is a member of the Motivational Interviewing Network of Trainers (MINT). He is certified through the VA in CPT and is completing certification in IPT. His theoretical orientation is cognitive behavioral and he identifies as a generalist clinically. His professional interests include issues related to client engagement and retention as well as the training and dissemination of empirically based practices. Additionally, Dr. Fischer serves on the Education Committee.

Kristin Gayle, PhD is the Program Director for the Serious Mental Illness (SMI) programs and a psychologist in these programs. The SMI programs include the Psychosocial Rehabilitation and Recovery Center (PRRC) and Mental Health Intensive Case Management (MHICM). She received her PhD in Clinical Psychology from Seattle Pacific University in 2009 after completion of internship at the New Jersey VA Health Care System. She began working at the VAPSHCS, American Lake Division following graduation in 2009. She is licensed in Washington state. Her theoretical orientation is integrative, relying heavily on cognitive-behavioral and interpersonal frameworks. Her professional interests include recovery-oriented treatment, changing cultures to provide more recovery-oriented treatment, and the treatment of serious mental illness.

Megan Harned, Psy.D. is a psychologist in the Substance Treatment and Recovery (STAR) Program within the MHR RTP. She earned her doctoral degree from Wright State University. She completed her doctoral internship at the Richard L Roudebush VAMC in Indianapolis, Indiana and her postdoctoral residency at VA Puget Sound – American Lake Division in the MHR RTP. She is licensed in the state of Washington. Her theoretical orientation is integrative, incorporating CBT, ACT, and interpersonal frameworks. Her professional interests include the treatment of co-occurring substance use disorders and PTSD, residential treatment, and personality assessment. Dr. Harned currently serves as the preceptor for the Trauma and Substance Use Residential Treatment (TSUDR) Focus Area.

Elizabeth W. Hirschhorn, PhD is a geropsychologist in the PCMHI Clinic. She earned her PhD in Clinical Psychology from the Catholic University of America. She completed her doctoral internship at the VA Salt Lake City Health Care System and her postdoctoral residency in geropsychology at VAPSHCS, American Lake Division. She is licensed in the state of Washington. Her theoretical orientation is primarily behavioral and informed by geropsychological theory. Her professional interests include interprofessional care, utilization of mental health services by older Veterans, and the integration of technology into mental health care. She is a member of the Diversity Committee and serves as the Psychology Training Program's Associate Training Director.

Lauren Hollrah, PsyD is a clinical pain psychologist in the Pain Clinic at the VAPSHCS. She earned her doctoral degree in Clinical Psychology from Pacific University. She completed her doctoral internship at the Northampton VAMC in Northampton, MA and her residency at a multidisciplinary pain management clinic, Progressive Rehabilitation Associates, in Portland, OR. She also helped to develop a multidisciplinary pain management program for Peace Health Southwest Hospital. She has developed the Outpatient Functional Restoration Pain Program, that is the only CARF accredited pain program for VISN 20, and housed at the American Lake Campus. Dr. Hollrah specializes in the behavioral treatment of chronic pain and the psychological issues that arise from chronic health conditions. Her primary theoretical orientation is ACT. She received specialized training in ACT on internship and residency and continues to be involved in the Association of Contextual and Behavioral Science (ACBS) and the implementation of ACT in the Pain Clinic. She is also certified in CBT for Chronic Pain (CBT-CP). She has been licensed in both Oregon and Washington state since 2011. She also contributes on a national level as a Subject Matter Expert on chronic pain for the Veterans Health Library and is the Section Editor of the VA Pain Management Website – Patient Education. Her professional interests include the development of Functional Restoration Programs, patient education around chronic pain, and utilization of chronic illness management skills like mindfulness, stress management, yoga, and helping Veterans work toward an active and vital life.

Carrie Holtzman, PhD is a staff psychologist with the Western Telemental Health Network (WTN). She earned her PhD in Clinical Psychology from Emory University. She completed her doctoral internship at the Durham VA Medical Center in Durham, NC, where she also completed a postdoctoral residency

specializing in trauma recovery. She has been licensed in North Carolina since 2016. Her theoretical orientation is primarily cognitive-behavioral, with an emphasis on interpersonal factors. She has completed VA certification requirements in ACT-D, CPT, and IPT-D, and she serves as a training consultant for the national VA ACT-D training program. Additional clinical interests include provision of evidenced-based psychotherapies via telehealth modalities. She serves as an assessment supervisor and as a member of the Diversity Committee. Her professional interests include training and supervision, and she is a member of the Association of VA Psychology Leadership.

Mary-Catherine Kane, PhD is a psychologist in the PCMHI Clinic at the American Lake campus. She completed her Ph.D. in Counseling Psychology at Western Michigan University. Her doctoral internship was at the VA Medical Center, Battle Creek MI. She is licensed in the state of Washington. Dr. Kane has received advanced training on internship and as a VA Staff Psychologist in CBT-D, CPT, and MI. In addition to her clinical responsibilities, she is the Associate Program Director of Psychology in the Center for Excellence in Primary Care Education at VAPSHCS. Her professional interests include enhancing interprofessional learning and implementation of integrated care, program development and evaluation, health behavior change, and brief interventions for primary care settings.

Burton “T” Kerr, PhD is the Director of Primary Care Mental Health Integration for the VAPSHCS and is a psychologist in the PCMHI clinic at American Lake. He received his PhD in Clinical Psychology from Brigham Young University. He completed his doctoral internship at Walter Reed Army Medical Center, Washington DC and postdoctoral training in Clinical Health Psychology at Tripler Army Medical Center, in Honolulu, HI. Dr. Kerr served 8 years as a psychologist and as an officer with the U.S. Army. He is licensed in the state of Idaho. His theoretical orientation is primarily behavioral. He has experience in general mental health, primary care mental health, and health psychology, more specifically in the areas of sleep medicine, diabetes, and chronic pain.

Simon Kim, PhD is the Associate Director for VA Puget Sound Healthcare System and site administrator for the American Lake Division. Dr. Kim completed his Ph.D. in Clinical Psychology at Georgia State University, his internship at VA Palo Alto and was a postdoctoral resident in Clinical Psychology at Stanford University; he is licensed in Washington state. Prior to becoming the Associate Director of VAPSHCS in 2018, he was the Section Director of Community and Residential Care Services and Chief of the Mental Health Residential Rehabilitation Treatment Program (MHR RTP).

Jennifer C. King, PhD is the co-occurring substance use/PTSD specialist at American Lake and serves as the liaison between the POC and ATC. She received her PhD in Clinical Psychology (with an emphasis in forensic psychology) from Palo Alto University and completed her doctoral internship at VA St. Louis Health Care System. She has been licensed in the state of Kansas since 2015. Her theoretical orientation is cognitive-behavioral with a particular focus in behavioral therapy. Dr. King completed the VA rollout training in Prolonged Exposure in 2015 and Written Exposure Therapy in 2020. Her professional interests include co-occurring substance use and PTSD in the Veteran population, Prolonged Exposure, “killing” and combat trauma specifically, harm reduction, and culturally-informed, inclusive care. Dr. King is the preceptor for the Behavioral and Cognitive Psychology postdoctoral residency focus area, as well as serves as the EBP Coordinator for American Lake.

Douglas W. Lane, PhD, ABPP, CPsychol is a geropsychologist in the Geriatrics and Extended Care Service of the VA Puget Sound Healthcare System. He is also a Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences of the University of Washington School of Medicine. He completed a PhD in Clinical Psychology through the University of Kansas, internship training in the United States Army

Medical Department, and a fellowship in psychology through the Yale University School of Medicine. He has also completed post-graduate training in Health Professions Education through the University of Glasgow School of Medicine, Scotland. He is board-certified in Geropsychology and Clinical Psychology by the American Board of Professional Psychology (ABPP). Dr. Lane is the current Past-President of the Society for Clinical Geropsychology/APA Division 12-2. He is licensed in Washington state. He is also a Chartered Psychologist in the United Kingdom (CPsychol). His clinical areas of interest are psychotherapy with older adults, psychotherapy integration, dementia care, resiliency factors and aging including spirituality, and coping with neurological disorders.

Michelle Loewy, PhD is the Director of Community and Residential Care Services (CRCS) and Chief of the Mental Health Residential Rehabilitation Treatment Program (MHR RTP). Dr. Loewy earned her PhD in Counseling Psychology from the State University of New York at Buffalo. She completed her doctoral internship at VA Western New York Healthcare System. Her professional interests are related to clinical program evaluation, system efficiencies and redesign, team development and trauma-informed care. Her theoretical orientation is integrative, drawing from feminist, systems, behavioral and interpersonal theories. She is licensed in the state of New York.

Russell McCann, PhD is Program Manager in the Mental Clinic. Dr. McCann received his PhD in Clinical Psychology from Seattle Pacific University. He completed internship at Washington State University Counseling and Testing Services and his postdoctoral residency in Military Research Psychology at the National Center for Telehealth and Technology. Dr. McCann is a licensed psychologist in Washington state. Dr. McCann specializes in mental health services delivered via clinical video conferencing (CVT). He has a broad interest in using technology to augment and facilitate access to mental health care. Dr. McCann has been trained in the use of Behavioral Activation, CPT, PE, and Virtual Reality Exposure Therapy (VRET). Dr. McCann is an acting assistant professor with the Department of Psychiatry and Behavioral Sciences at the University of Washington and maintains an academic focus on the use of technology in mental health care. Dr. McCann's administrative duties center around the management and expansion of telemental health operations.

Bill Meyer, PhD is a psychologist in the TelePain clinic. He received his M.A. in psychology from the University of Colorado, Colorado Springs and his PhD in Clinical Psychology from the University of Montana. Dr. Meyer completed his doctoral internship at the VA Western New York Healthcare System and postdoctoral residency at the VA Puget Sound-American Lake Division with emphasis in Behavioral and Cognitive Psychology. He is licensed in the state of Washington. His theoretical orientation is integrative and draws from cognitive-behavioral, mindfulness-based and acceptance and commitment therapy modalities. Dr. Meyer has received advanced training in the application of evidence-based psychotherapies in the treatment of PTSD and chronic pain. He is a VA certified provider in Prolonged Exposure therapy and Cognitive Processing Therapy. Dr. Meyer also serves on the American Lake Diversity Committee and is the member-at-large on the Training Committee. Dr. Meyer's professional interests include stigma reduction, function-based treatments for chronic pain and chronic pain and PTSD comorbidity.

Jon T. Moore, PhD is a psychologist and program manager for the Homeless Engagement & Recovery Opportunity program. He received his PhD in counseling psychology from the University of Louisville. He completed his doctoral internship at the Cincinnati VAMC and continued his training in substance use and homeless rehabilitation as a postdoctoral resident at the VA Palo Alto. Clinically, Dr. Moore uses a Feedback-Informed Treatment framework with theoretical rationales that primarily stem from Emotion-Focused Therapy and interpersonal foundations. Dr. Moore is licensed in Washington state.

Annie Mueller, PhD is a geropsychologist in PCMH-I. She received her PhD in Clinical Psychology with curricular emphasis in aging from the University of Colorado at Colorado Springs. She completed both her internship in clinical psychology and postdoctoral residency in geropsychology at VA Puget Sound, American Lake Division. Her theoretical orientation is integrative, with emphasis on cognitive behavioral. She has completed VA rollout trainings in CBT for Depression, ACT for Depression, and Prolonged Exposure. Her clinical interests include aging and mental health, late life anxiety, end-of-life care, chronic illness and disability, and telemental health. She serves on both the Training Committee and the Diversity Committee, and is the preceptor for the geropsychology postdoctoral residency. She is licensed in Washington state.

Jared Mull, PsyD is a clinical psychologist in the PTSD Outpatient Clinic (POC). He received his PsyD from Pacific University in Oregon, and is licensed in the state of Washington. He completed his internship at the Alaska VA Healthcare System in Anchorage Alaska. He has completed national roll-out trainings in Cognitive Processing Therapy (CPT) and Motivational Interviewing (MI). His interests include providing evidenced-based psychotherapies for the treatment of PTSD, and while his main theoretical orientation is CBT, has occasionally been accused of entertaining Acceptance and Commitment Therapy.

Sarah Noonan, PhD is a clinical neuropsychologist in Rehabilitation Care Services, working primarily within the Center for Polytrauma Care. She earned her PhD in Clinical Psychology, with a specialization in Neuropsychology, from the San Diego State University/University of California, San Diego joint doctoral program. She completed her internship and postdoctoral residency within the VA Boston Healthcare System, where she received advanced clinical training in neuropsychological assessment, cognitive rehabilitation, and evidence-based treatments for PTSD, and conducted research within the Boston Attention and Learning Laboratory and the VA Boston Neuroimaging Research Center. She is licensed in Washington state. Her professional interests include mTBI/concussion diagnosis and treatment in combat Veterans, holistic cognitive interventions, and neuroplasticity.

Samantha Overstreet, PhD, is a psychologist in the Psychosocial Rehabilitation and Recovery Center (PRRC). She received her Ph.D. in Clinical Psychology from The University of Tulsa in Tulsa, OK. She completed her doctoral internship at the Hunter Holmes McGuire VAMC in Richmond, VA in their Serious Mental Illness Across the Lifespan track. She went on to complete a post-doctoral fellowship in Psychosocial Rehabilitation and LGBT Healthcare at VA Connecticut Healthcare System in West Haven, CT. She is licensed in Rhode Island since 2017. Dr. Overstreet's theoretical orientation integrates cognitive-behavioral and third-wave modalities, and she is a strong proponent of the recovery model. She has training in evidence-based treatments for serious mental illness, and is a VA-certified provider of Social Skills Training for Schizophrenia. Dr. Overstreet's professional interests include recovery-oriented systems change, personality assessment, and diversity issues, particularly LGBTQ advocacy. She currently serves as an assessment supervisor and as a member of the Diversity Committee.

Brett Parmenter, PhD, ABPP is a clinical neuropsychologist in the MHC. She attended the University of Kansas and completed her doctoral internship at Yale University School of Medicine. Her postdoctoral residency was in clinical neuropsychology at the University at Buffalo/SUNY School of Medicine and Biomedical Sciences. Clinical interests include cognitive functioning in multiple sclerosis, medical factors that affect cognition, and cognitive effects of serious and persistent mental illness. Research interests include cognitive functioning in multiple sclerosis, performance and symptom validity testing, and traumatic brain injury in veterans. Dr. Parmenter serves on the Board of Directors for the American Academy of Clinical Neuropsychology (AACN) and is Treasurer and Chair of the Development Committee

for the AACN Foundation. She also is an active work sample reviewer for the American Board of Clinical Neuropsychology. She is a Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. She has been licensed in Washington since 2006.

Larry D. Pruitt, PhD is the Director of Suicide Prevention at both the American Lake and Seattle divisions of VA Puget Sound. He received his PhD in Clinical Psychology from the University of Nevada, Reno. He completed his doctoral internship at the VA Sierra Nevada Medical Center and his postdoctoral fellowship at the University of Washington's Center for Anxiety and Traumatic Stress. He is a Licensed Clinical Psychologist in Washington State and an Associate Clinical Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. His theoretical orientation is primarily behavioral. Dr. Pruitt has served as a member of the Military Suicide Research Consortium, the Joint DOD/VA Strategic Decision Team in response to Executive Order 13822, The Department of Defense's Suicide Prevention and Risk Reduction Committee, and the 2019 update to the VA/DoD Clinical Practice Guidelines for the Identification and Management of Suicide Risk. Dr. Pruitt co-chairs the VA Puget Sound Suicide Risk Reduction Committee.

Greg Reger, PhD is the Deputy Associate Chief of Staff for the Mental Health Service at VAPSHCS and an Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine. He received his PhD in Clinical Psychology from Fuller Theological Seminary in 2004 and completed his psychology internship at Walter Reed Army Medical Center. He is an Army Veteran and deployed to Iraq in 2005 in support of Operation Iraqi Freedom. Dr. Reger spent 5 years as a civilian employee with the Department of Defense (DoD) leading teams designing and evaluating technology in support of psychological health. His research has focused on the development and evaluation of virtual reality, mobile applications, and other innovative technologies for psychological purposes. He is currently funded to evaluate a virtual reality patient to support provider training in motivational interviewing. Dr. Reger also led the VA/DoD team that designed the PE Coach mobile application and was recently funded to conduct a pilot trial of patient preferences for PE Coach and the impact of the app on clinically relevant outcomes.

Mark Reger, PhD is the Chief of Psychology and a Professor in the Department of Psychiatry & Behavioral Sciences at the University of Washington. He completed his doctorate in clinical psychology at the Rosemead School of Psychology at Biola University, his internship at the American Lake campus of VA Puget Sound, and a three-year NIH NRSA postdoctoral fellowship at the VA Puget Sound and the University of Washington School of Medicine. Dr. Reger's research centers on military and veteran suicide prevention. He has several lines of research in which he is working to develop and test novel suicide prevention interventions. He also conducts epidemiological research on military and veteran suicide. Dr. Reger works to translate science into suicide prevention policy and best practices, and therefore frequently contributes to clinical practice guidelines, national workgroups, and other policy initiatives. Prior to taking his current position, he spent 10 years in the Department of Defense where he led the development and implementation of the Department of Defense's suicide surveillance system. Dr. Reger has served as the principal investigator for multiple large federally funded studies.

Sean M. Robinson, PhD is a psychologist with the ATC at American Lake. Dr. Robinson received his PhD in Clinical Psychology from Nova Southeastern University specializing in addiction and MI. He completed his doctoral internship from Central/Western Massachusetts VA and his postdoctoral residency in quality improvement, leadership, and research for addictive behaviors within the North Texas VA Healthcare System. He is currently licensed in the state of Alabama. Dr. Robinson's theoretical orientation is patient-centered/cognitive behavioral and he is trained in CPT, MI, CBT-I, and CBT-SUD. Dr. Robinson remains

active in research (with publications focusing on assessment, diagnostic nosology, psychometrics, and patient-centered advocacy) as well as quality improvement projects (having received his Green Belt certification from Lean Six Sigma in 2017).

Troy Robison, PhD is a psychologist in the Addictions Treatment Center (ATC). He completed his PhD in Clinical Psychology at Ohio University, his doctoral internship at the Cincinnati VA Medical Center, and is licensed in the state of Washington. His approach to psychotherapy is primarily humanistic, with specific interests in mindfulness based interventions and the incorporation of neurobiology into psychological treatments for addiction. He also provides Behavioral Couples Therapy for SUD and gambling addiction treatment in the ATC.

Orlando Sánchez, PhD is a clinical neuropsychologist in the MHC. He attended Seattle Pacific University and completed his doctoral internship at the University of Miami/Jackson Memorial Hospital where clinical interests focused on neuropsychological assessment and neurorehabilitation of patients with varied neurologic injuries, particularly TBI and CVA/strokes. He completed postdoctoral fellowships in neuropsychology at the Truman VA Medical Center and Minneapolis VA Health Care System with emphasis in: TBI via a national DoD-DVA longitudinal treatment and research program, CVA/stroke, geriatrics – including the Memory Disorders Clinic through GRECC, and polytrauma. He has been licensed in the state of Washington since 2018. Clinical interests include cross-cultural neuropsychology, particularly assessment and treatment pertaining to indigenous peoples of the Americas (North, Central, and South America), cultural competency, and neurorehabilitation. Research/scholarly interests include cultural competency training, acculturation, TBI/PTSD, and health disparities.

Julie Sharrette, PsyD is a psychologist in the VIP Program. She received her PsyD in Clinical Psychology from Nova Southeastern University. She completed her doctoral internship at Western State Hospital in Washington. She has been licensed in Washington State since 2007. Her theoretical orientation is primarily cognitive behavioral. Dr. Sharrette began her training and career with an emphasis in forensic psychology by conducting pre-trial evaluations in the courts and jails. She was involved in research on trauma throughout graduate school and eventually gravitated to clinical work at Joint Base Lewis McChord. There, she worked as a psychologist providing assessment and treatment to active duty soldiers. Dr. Sharrette then became employed at Boise VAMC, working as a psychologist and team lead for the PTSD Clinical Team and PTSD Residential Program. She is trained in CPT, PE, EMDR, and ERRT-M. Her professional interests include psychological assessment, treatment of complex trauma and moral injury, and work with transgender populations.

Grant P. Shulman, PhD is a psychologist in the PCMHI program. He received his Ph.D. in clinical psychology from the University of Nebraska-Lincoln. Dr. Shulman completed his doctoral internship and postdoctoral residency in PCMHI at VA Puget Sound-American Lake Division. He is licensed in the state of Washington. His theoretical orientation is cognitive-behavioral and emphasizes behavioral learning theories, including relational frame theory. Dr. Shulman currently serves as the preceptor for the PCMHI postdoctoral residency and his professional interests include the military-to-civilian transition, transdiagnostic and process-based CBT, and the integration of computer science with psychological practice to inform clinical decision making.

Dale E. Smith, PhD is the Program Manager of the POC. He received his doctorate in social psychology from the University of Florida and completed the University of Washington's Respecialization Postdoctoral Training Program in Clinical Psychology. He completed his doctoral internship in the Psychiatry and Behavioral Sciences Department at the University of Washington School of Medicine, and has been

licensed in Washington since 1992. He has held faculty positions at the University of Florida, the American University, and the University of Washington prior to his clinical licensure and has held a number of administrative positions since assuming the role of the program director of the specialized outpatient PTSD clinic at American Lake. He is also the lead mentor for the VISN 20 PTSD Mentoring Program. Dr. Smith's diversity interests include how beliefs are shaped by sociopolitical cultures within and across time, and his professional interests include the psychology of trauma. He is also interested in the delivery of patient care and treatment outcomes.

Jason Stolee, PhD is the Psychology Training Director for VA Puget Sound Health Care System – American Lake Division. He completed his doctorate degree in clinical psychology at the Rosemead School of Psychology, Biola University, and his internship and postdoctoral residency at Madigan Army Medical Center. He served within the Active Duty Army for four years, including one deployment to Iraq, and then worked for eleven years as a civilian staff psychologist and associate training director at Madigan Army Medical Center prior to joining the staff at American Lake in 2021. Dr. Stolee's professional interests are in the areas of exposure treatment for PTSD, insomnia, and cultural humility. He is a licensed psychologist in the state of Washington.

Emily Trittschuh, PhD is a clinical neuropsychologist with the Geriatric Research, Education, and Clinical Center (GRECC). She completed her PhD in Clinical Psychology at Northwestern University with a doctoral internship at Brown University. Her postdoctoral fellowship was in Neuropsychology at the Northwestern University Feinberg School of Medicine's Cognitive Neurology and Alzheimer's Disease Center. Licensed in the states of Illinois and Washington, she is an Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Her clinical interests involve early diagnosis of neurodegenerative disease and her research has focused on the prevalence/incidence of Mild Cognitive Impairment, aging, dementia, late effects of head injury and GWAS studies of AD phenotypes. She leads a Clinical Demonstration project (VISN 20) which is focused on Dementia Education and Memory Skills training for older Veterans with PTSD. She is a member of the national VA Dementia Education Workgroup and is Chair of the VAPSHCS Psychology Professional Standards Board. She is on the Alzheimer's Association King County Advisory Board.

Amanda Ernst Wood, PhD is a Mental Health Research psychologist a VAPSHCS and a Clinical Associate Professor with the Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine. Dr. Wood received her PhD in Clinical Psychology from the Graduate School of Psychology at Fuller Theological Seminary. She completed her doctoral internship at the VAPSHCS, American Lake Division, and her postdoctoral residency in Chronic Mental Illness and Neuropsychology at the University of Washington/VAPSHCS. She is currently licensed in the state of Washington. Dr. Wood's research interests include pharmacogenetics, provider burnout, and the treatment substance abuse, depression, and PTSD.

Elisia Yanasak, PhD is the Program Manager of the ATC at VAPSHCS, American Lake Division. She received her PhD at the University of Houston in 2002. She completed her doctoral internship at VAPSHCS, American Lake Division. She completed her postdoctoral residency in the interdisciplinary treatment of substance abuse at the Center of Excellence in Substance Abuse Treatment at VAPSHCS, Seattle Division. She has been licensed in Washington state since 2004. Her theoretical orientation is primarily cognitive behavioral. Her clinical interests include the treatment of male and female Veterans diagnosed with substance use and comorbid psychiatric disorders. Her research interests include Evidence Based Treatment of SUDs.

POSTDOCTORAL RESIDENCY ADMISSIONS, SUPPORT, and INITIAL PLACEMENT

Date Program Tables are updated: Sep 9, 2022

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	Yes
If yes, provide website link (or content from brochure) where this specific information is presented:	
Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.	

Postdoctoral Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:
Incoming residents are required to have completed a doctoral degree in Clinical or Counseling Psychology from a program that is accredited by the APA CoA, CPA, and/or another VA recognized accrediting body (e.g., PCSAS). To be eligible to attend residency at American Lake, incoming residents must have adequate academic preparation, including receipt of the doctoral degree and successful completion of doctoral internship training as part of the doctoral degree, have acquired Profession-Wide Competencies in the context of service provision to adult patients, have received individual supervision with direct observation of their graduate and internship clinical work, and meet the eligibility requirements for VA employment (see https://www.psychologytraining.va.gov/eligibility.asp for further details).

Describe any other required minimum criteria used to screen applicants:

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** Please read and carefully consider all of these criteria, even if you do not believe they apply to you. All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below. Further information about the VA's efforts at a Drug-Free Workplace can be found at the following website: https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership

from the VA facility. For more information about this document, please visit

<https://www.va.gov/OAA/TQCVL.asp>

- a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
 - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: <https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>

Additional information regarding eligibility requirements (with hyperlinks)

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FType=2
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):

(b) Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(c) Additional considerations. OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- (1) The nature of the position for which the person is applying or in which the person is employed;

- (2) The nature and seriousness of the conduct;
- (3) The circumstances surrounding the conduct;
- (4) The recency of the conduct;
- (5) The age of the person involved at the time of the conduct;
- (6) Contributing societal conditions; and The absence or presence of rehabilitation or efforts toward rehabilitation.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	\$50,757 – 1 st yr \$53,501 – 2 nd yr
Annual Stipend/Salary for Half-time Residents	NA
Program provides access to medical insurance for resident?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe): Leave without pay is managed on a case-by-case basis and in accordance with Office of Personnel Management guidelines: http://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/leave-without-pay/	

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Residency Positions

CLINICAL Program	2018-2021	
Total # of residents who were in the 3 cohorts	7	
Total # of residents who remain in training in the residency program	0	
	PD	EP
Academic teaching	0	1
Community mental health center	0	1
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	1

Veterans Affairs Health Care System	0	3
Psychiatric facility	0	0
Correctional facility	0	1
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	0
Other	0	0

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Initial Post-Residency Positions

GEROPSYCHOLOGY Program	2018-2021	
Total # of residents who were in the 3 cohorts	2	
Total # of residents who remain in training in the residency program	0	
	PD	EP
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	0
Veterans Affairs Health Care System	0	1
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	1
School district/system	0	0
Independent practice setting	0	0
Other	0	0

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Initial Post-Residency Positions

Clinical NEUROPSYCHOLOGY Program	2018-2021	
Total # of residents who were in the 3 cohorts	3	
Total # of residents who remain in training in the residency program	0	
	PD	EP

Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	2
Veterans Affairs Health Care System	0	0
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	1
Other	0	0

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Equal Employment Opportunity and Prohibited Discrimination

VA does not tolerate discrimination, including workplace harassment, based on race, color, religion, national origin, sex (including gender identity, gender identity/expression, sexual orientation, and pregnancy), age, disability, genetic information, marital/parental status, political affiliation, or retaliation for opposing discriminatory practices or participating in the discrimination-complaint process. This applies to all terms and conditions of employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits, and separation. VA’s Office of Resolution Management (ORM) is responsible for administering an impartial and effective complaints management process to receive, investigate, and resolve, if possible, complaints of employment discrimination at the earliest possible stage. Employees may report allegations of discrimination to ORM at (888) 737-3361.

Due Process

Grievance

A trainee has a grievance if they have any concern and believe a complaint related to that is in order. Examples include if they believe that a harmful and serious act or injury has been committed (e.g., requests made of a trainee by any VA employee or consultant to engage in behavior conflicting with the *APA Ethical Principles of Psychologists and Code of Conduct* and *Federal Employee Code of Conduct*, acts of gender or racial harassment, sexual harassment, observance of serious professional misconduct, observation of illegal behaviors, a desire to appeal an unsatisfactory evaluation). Trainees may seek counsel and advice concerning how they should direct a grievance, as well as the substance of their complaint. However, throughout the grievance process, everyone involved is expected to be sensitive to the privacy, confidentiality, and welfare of others. A grievance may be addressed either informally or formally. Usually, an informal procedure should be attempted first. The trainee may attempt a direct resolution of the grievance with the involved party, or may informally address the grievance with a supervisor, the Training Director, or the Chief Psychologist. When resolving problems, or grievances, the APA Ethics Code is to be followed at all times, in particular the standard related to treating others with courtesy and respect.

Informal Problem Resolution

Initially, a resident having a grievance with a supervisor or other staff member should discuss the situation with that individual and seek resolution of the problem. Open and direct communication is recommended. Similarly, approaching (instead of avoiding) the problem directly is also encouraged. Addressing the problem at the lowest level possible is best, although seeking outside consultation and help as soon as it is needed is advised.

Mediation

If an informal resolution cannot be reached, the Training Director or Associate Training Director should be alerted and they may act as a mediator or help to select a facilitator/mediator (from Psychology Service, Mental Health, or the VA EEO's office) who is agreeable to both parties involved.

Formal Notice and Hearing

If a resolution is not reached via mediation the trainee with the grievance can bring it to the Chair of the Training Committee for formal problem resolution. The Training Committee will provide a hearing for the grievance within 5 business days, unless an extension is mutually agreed upon by the Chair of the Training Committee and the trainee with the grievance. The Training Committee gives the resident and the supervisor (or other VA psychologist) written *notice of a hearing* at least 48 hours before the hearing, asks the resident and the supervisor (or other VA psychologist) to present their issues, and may also interview others on matters related to these issues. The Training Committee then makes specific recommendations to maximize training and minimize conflict, along with a time frame for carrying them out. Specific and measurable evidence of success will be specified and expected in the time frame.

Appeal

The Chief Psychologist has minimal involvement in the training programs and rarely has an evaluative role within the programs. Thus, an appeal of the Training Committee decision may be made to the Chief Psychologist (or designee, e.g., Deputy Chief), who will make the final decision. The Chief Psychologist has the ultimate responsibility for the sensitive and appropriate evaluation of all grievances against psychology trainees and Psychology Service personnel. The Chief Psychologist is also responsible for ensuring equitable and unbiased procedures. The Chief will eliminate any conflict of interest in the evaluation of a grievance. The Chief will provide a hearing for the appeal within 5 business days, unless an extension is mutually agreed upon by the Chief and the trainee requesting the appeal. The Chief gives the involved parties written notice of a hearing at least 48 hours before the hearing, asks the involved parties to present their issues, and may also interview others on matters related to the issues.

Disciplinary actions against staff members are the responsibility of the Chief Psychologist (or designee) and of the VA Puget Sound's Human Resources Department.

Resident Grievances with Non-Psychologists and/or people who are not faculty

If a resident has a grievance with someone who is outside of the training programs (who is not a psychologist), the VA Puget Sound Health Care System policies and procedure are followed to address such a grievance. Such grievances are the responsibility of VA Puget Sound's Human Resources Department. All employment-related disciplinary actions are subject to the guidelines outlined in the current VA Employee Handbook.

These procedures are not intended to prevent a resident from pursuing a grievance under any other mechanisms available to VA employees and/or psychologists, including:

- EEO Officers, available on-site
- The Washington State Psychology Licensing Board (1-360-236-4910)
- APPIC, 17225 El Camino Real, Onyx One – Suite #170, Houston, TX 77058-2748 (832-284-4080)
- Office of Program Consultation and Accreditation, The American Psychological Association, 750 First Street NE, Washington D.C. 20002-4242 (202-336-5979)

NORTHWEST LIVING

The American Lake Division of the VA Puget Sound Health Care System is located in Lakewood, a city of about 59,000 people. Located within Pierce County (population of 831,928), Lakewood is 15 miles from downtown Tacoma and 45 miles from Seattle.

The population of the greater Puget Sound region is approximately 3.9 million. The Puget Sound holds two of the United States' busiest ports: the Port of Seattle and the Port of Tacoma. As such, the area has historically been an international hub for transportation, shipping, and industry. It is now also known for being the home of high technology development, the aerospace industry, and its military bases, including Joint Base Lewis-McChord (JBLM). In fact, the American Lake Division shares its border with JBLM, a joint military base of the United States Army and Air Force located in Pierce and Thurston Counties in Washington. JBLM has more than 25,000 soldiers and civilian workers. The post supports over 120,000 military retirees and more than 29,000 family members living both on and off post.

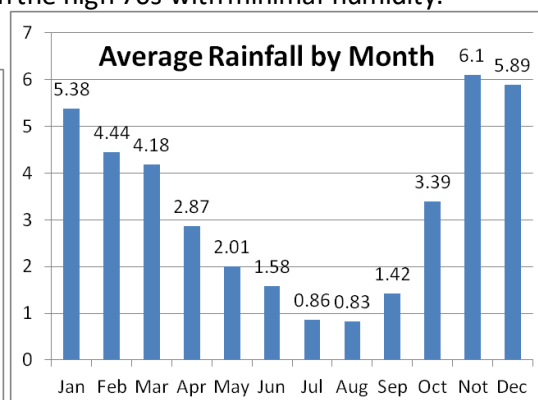
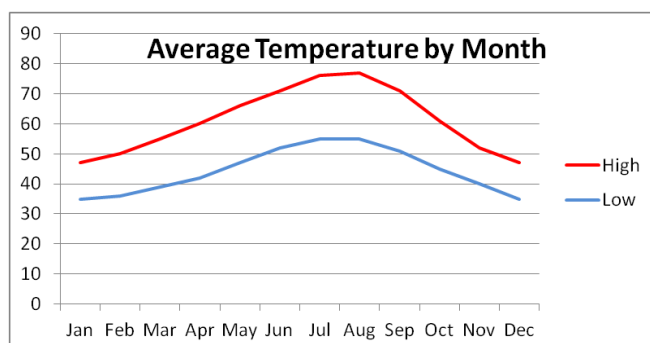
Housing

According to Zillow, the typical value of homes in Tacoma in 2021 is around \$514,685, though there is considerable range depending upon neighborhood. According to RentData.org, the average rent for an apartment in the Tacoma metropolitan area in 2022 is around \$1,056/month for a studio, \$1,162 for a one bedroom, \$1,484 for two bedrooms, and \$2,108 for three bedrooms, though this varies based on factors such as the number of bedrooms, location, etc.

Some interns prefer to live in Seattle and commute to Tacoma. King County (in which Seattle is located) real estate and rental prices are higher than Pierce County (in which Tacoma is located). According to Zillow, the typical value of homes in Seattle is around \$982,604. According to RentData.org, the average rent for an apartment in the Seattle-Bellevue metropolitan area in 2022 is around \$1,674/month for a studio, \$1,739/month for one bedroom, \$2,044/month for two bedrooms, and \$2,796 for three bedrooms, though again with considerable variability.

Climate

The area enjoys a temperate marine climate with rare summer and winter extremes. Rainy days are frequent during the winter months, averaging about 40 inches of rain per year. There are usually at least a few days of snow during the winter months, though the accumulation is typically minimal. Summers in this region are delightful, with average temperatures in the high 70s with minimal humidity.



Transportation

Most employees commute by car from Tacoma, about 30 minutes from American Lake, but many commute from Seattle, Olympia, and the surrounding areas. There is a free shuttle that runs between the Seattle and American Lake VA campuses to which Veterans and employees have access. The local bus system provides regular transportation throughout the Tacoma area. There is also a commuter rail that connects Tacoma to Seattle, though it does not operate on weekends. Seattle-Tacoma International Airport, 35 miles away from the American Lake VA, provides worldwide travel through many commercial airlines on frequent schedules. Amtrak provides transit from Vancouver, BC to Portland (and beyond), and there are several bus lines connecting these cities as well.

Recreational Activities

The Pacific Northwest has abundant opportunities for any outdoor activity imaginable. The scenic beauty of the Cascade and Olympic Mountain ranges, Puget Sound and its islands, state parks, and the four National Parks within the Pacific Northwest are all easily accessible. "Sea level to ski level in two hours" is no exaggeration! Point Defiance is a 760 acre park within the city of Tacoma, which offers miles of forested trails, a public beach with kayak rentals, gardens, an off leash dog park, a zoo and aquarium, and a living history museum. Cougar Mountain and Tiger Mountain parks near Issaquah are also great areas for hiking, biking, or trail running enthusiasts. Puget Sound has 20,000 shoreline miles with bays, coves, and islands with plentiful opportunities for boating, fishing, and clamming. Mount Rainier (14,400 ft), Crystal Mountain, Alpental, Snoqualmie Pass, and other nationally known winter sports areas are within 75 to 100 miles. There are more than 15 public golf courses within 20 minutes driving time from the Medical Center, most of which are open year round.

Entertainment, Culture, and the Arts

Tacoma and Seattle have many fine restaurants and nightspots affordable on an intern's stipend. The Pacific Northwest is known for good theater, and Tacoma is no exception. Community and college playhouses abound, and there are a multitude of music venues offering concerts and shows of every genre imaginable. Tacoma also has an independent movie theater, the Grand Cinema, which offers film festivals throughout the year. Spectator sports of all kinds are available within the Seattle-Tacoma area, including college and professional baseball, basketball, soccer, and football, as well as horse, automobile, and hydroplane racing. The Tacoma and Seattle area hosts a diverse array of cultural history and arts venues ranging from museums to theaters to community parks and gardens. Some museums have free admission days, such as the first Thursday of every month in Seattle and the third Thursday of every month in Tacoma. There is also an abundance of local farmer's markets throughout Tacoma and Seattle, many of which are open throughout the year.

